

P03000004526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS  
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OLD Resign.  
04/28/06  
DC

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MONSALUD, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P03000004526

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAWAN MONSALUD

(Name of Person)

MONSALUD, INC.

(Name of Firm/Company)

1860 N UNIVERSITY DRIVE

(Address)

PLANTATION, FLORIDA 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

LAWAN MONSALUD

(Name of Person)

at ( 954 ) 473 5333  
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SRISAKUN MONSALUD, hereby resign as DIRECTOR  
(Title)

of MONSALUD, INC.  
(Name of Corporation)

P03000004526, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
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