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·
SUBJECT: Ms M Acosta Fac. (Name of Corporation)
DOCUMENT NUMBER: <u>PO 3 00 00 788 47</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Melba Acosfa (Name of Person)
ME' of Acosta Inc. (Name of Firm/Company)
13397 MAJestic WAY (Address)
Cooper C. L. L. 33330 (City/State and Zip Code)
For further information concerning this matter, please call:
RAIph Acosta at (786) 260-2425 (Name of Person) at (786) 260-2425 (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

Amendment Section

Division of Corporations

TO:

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

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OFFICER / DIRECTOR RESIGNATION 08 FEB 29 AM 10: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

i, <u>Melba Acosta</u>	, hereby resign as	President (Title)
of ME'M Acosta Z	ne of Corporation)	,
PO 30000 78847 (Document Number, if known)	, a corporation organized un	der the laws of the State of
Florida	.	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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