## P03000090891

4		
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
	•	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



100032301161

04/13/04--01002--016 \*\*35.00

PILED

04 APR 12 AM 7: 54

SECRETARY OF STATE

T BROWN APR 1 9 2004

officer Resignation

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MCCA MADRID (Name of Corporation)
DOCUMENT NUMBER: 1030 000 908 9/
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PETER J CRABTREE (Name of Person)
TASCA MADE D (Name of Firm/Company)
3967 NE 168 CT # 202 (Address)
NURTH MIAME BCH, FL, 33160 (City/State and Zip Code)
For further information concerning this matter, please call:    186   267 - 1747

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FOR A CORPORATION

TALEAR SSEE OF STATE

AND THE STATE OF STATE

OF THE CAMO - MANUEL, hereby resign as VICE - PLES, DEST

(Title)

OF THE CAMO - MANUEL, hereby resign as VICE - PLES, DEST

(Title)

OF THE CAMO - MANUEL, hereby resign as VICE - PLES, DEST

(Title)

OF THE CAMO - MANUEL, hereby resign as VICE - PLES, DEST

(Title)

OF THE CAMO - MANUEL AND COMMON TO COMMON T

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