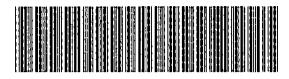
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: M & M Resouces, Inc. (Name of Corporat	ion)
	,
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
Timothy D. Woodward, Esq.	
(Name of Person)	-
Shutts & Bowen LLP	
(Name of Firm/Company)	-
4301 W. Boy Scout Blvd., Suite 300	
(Address)	-
Tampa, FL 33707	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
at (227-8150
(Name of Person) (Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	
Florida Statutes, the undersigned,	(Name of Registered Agent)
hereby resigns as Registered Agen	M & M Resouces, Inc.
neredy resigns as registered rigen	(Name of Corporation)
(Document Number, if known)	
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the other this statement is filed.	office discontinued on the 31st day after the date on which
/s/ Timothy D. Woo	odward
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
	(Typed or Printed Name)
	· · · · · · · · · · · · · · · · · · ·
	(Capacity)
	· · · · · · · · · · · · · · · · · · ·
	r filing this document:
	renve corporation
\$35.00	- Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation