

P03000144766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

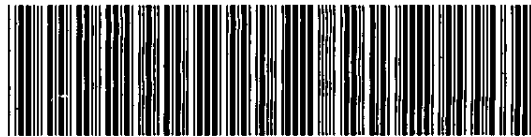
(Business Entity Name)

(Document Number)

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HALL ASSESSMENT

O/D Resign.  
04-13-09  
DC

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Moving Treasures, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P03000144766

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

Please return all correspondence concerning this matter to the following:

Michael Boyd

(Name of Person)

(Name of Firm/Company)

PO Box 1386

(Address)

Palm Harbor, FL 34682

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Boyd

(Name of Person)

at ( 727 ) 459-2121

(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, Michael A. Boyd, hereby resign as Director  
(Title)

of Moving Treasures, Inc.  
(Name of Corporation)

P03000144766, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida



(Signature of resigning officer/director)

**FILED**  
09 APR -2 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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