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(Re	equestor's Name)		
(Ac	ldress)		
(Ad	ldress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL.	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MALL MUSEL (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Breuda Q. Bischoff (Name of Person)
Early Angely Works Hat Thuted, Ich
376 W. Charl St. (Address)
MM (City/State and Zip Code) 32603
For further information concerning this matter, please call:
Name of Person) (Area Code & Daytime Telephone Number)

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

I. Lindsley Kelly hereby resign as VICO Pres	side	wt	
of Juth Marie of Corporation)		KL	<i>,</i>
(Document Number, if known), a corporation organized under the laws of the	State of		
(Signature of resigning offices/director)	JALLAH	O4 SEF	***
	lká) ASSEI	0	

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