## P04000063013

(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
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SECREGARY OF STATE TALLAHASSEE, FLORIDA

: ILED

officer Resignation

Office Use Only

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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: M.L.F.N). CORPORATION (Name of Corporation)
DOCUMENT NUMBER: POYOGOO 630/3
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIA BRAGANCA (Name of Person)
M.L.F.M (CORP)  (Name of Firm/Company)
175 PINTA CIRCLE (Address)
MERRIT SLAND FL 32953 (City/State and Zip Code)
For further information concerning this matter, please call:
MARIA BRAGANCA at (321) 454-055 2 (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

O4 AUG 18 AM 10: 23
TALLAHASSEE OF STATE

I, LEANDRO BRAGANCA, hereby resign as Secretary	<i>4</i>
of M.L.F.M. CORPORATION (Name of Corporation)	
Po 400 00 63 013 , a corporation organized under the laws of the State of (Document Number, if known)	
FLORIDA.	

Lorendro Gragan (9
(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