P0400008185

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<u>-</u>
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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08/27/04--01022--001 **35.00

SECRETARY OF STATE

OD Resign.
09/02/04
DC

TRANSMITTAL LETTER

MM & MM ENTERPRISES, INC. SUBJECT: (Name of Corporation) P04000081853 **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: MARTA LOPEZ (Name of Person) MM & MM ENTERPRISES, INC. (Name of Firm/Company) 490 14TH AVE NE (Address) NAPLES, FL 34120 (City/State and Zip Code) For further information concerning this matter, please call: MARTA LOPEZ at (239) 597-5099 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. Street Address: Amendment Section Division of Corporations Mailing Address: Amendment Section Division of Corporations 409 E. Gaines Street P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32399

Amendment Section

Division of Corporations

TO:

110 97 PK L:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ī	MIGUEL D. MIRANDA S	hereby resign as VICE PRESIDENT	
~ <u> </u>		(Title)	
of MM& MN		NTERPRISES INC	
-	(Name o	(Name of Corporation)	
	P04000081853	_a corporation organized under the laws of the State of	
	(Document Number, if known)		
	FLORIDA	<u>.</u> .	

FILING FEE IS \$35.00

of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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