

P04000083966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

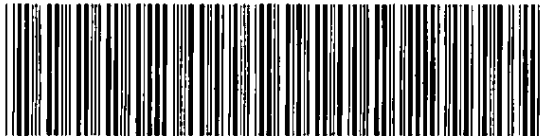
(Business Entity Name)

(Document Number)

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2024 OCT -1 PM 9:28
CLERK

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Millennium Makeover, Inc

(Name of Corporation)

DOCUMENT NUMBER: P04000083966

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Jon Watkins

(Name of Person)

Millennium Makeover, Inc

(Name of Firm/Company)

9163 Grand Prix Lane

(Address)

Boynton Beach, FL 33472

(City/State and Zip Code)

For further information concerning this matter, please call:

Jon Watkins
_____ at (_____) 561-436-0574
(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2024

JON WAKTINS
MILLENNIUM MAKEOVER, INC
9163 GRAND PRIX LANE
BOYNTON BEACH, FL 33472

SUBJECT: MILLENNIUM MAKEOVER INC.
Ref. Number: P04000083966

We have received your document for MILLENNIUM MAKEOVER INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT
Regulatory Specialist III

Letter Number: 424A00020835

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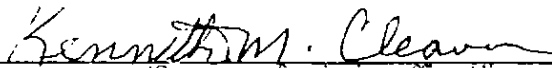
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Kenneth M. Cleaver, hereby resign as Secretary
(Title)

of Millennium Makeover, Inc
(Name of Corporation)

P04000083966 a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
2024 OCT -1 AM 9:28

FILING FEE IS \$35.00

(2)

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

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