## P04000138950

| (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: |
|   |
|   |
|   |





700059807617

09/22/05--01022--023 \*\*35.00

05 SEP 22 PM 4: 53

5/10 Resign.

DC

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: MV Decocy TWC (Name of Corporation)  |
|---|
|   |
| DOCUMENT NUMBER: <u>704000138950</u>  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.     |
| Please return all correspondence concerning this matter to the following:                         |
| Muriel Valette Boulard (Name of Person)   |
| MV Decor Tro<br>(Name of Firm/Company)  |
| 840 US Highway 1 # 110  |
| North Palm Beach Ff 33408<br>(City/State and Zip Code)  |
| For further information concerning this matter, please call:                                      |
| Muriel Valette Soulard at (561) 2/34.0198 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## -OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Anne LAVERTY, hereby resign as Tresident Trea   | isu re        | <b>∠</b>                      |
|--|---------------|-------------------------------|
| of MV Decor, Inc. (Name of Corporation)  | <del></del> : | ٠<br>١<br>١                   |
| Pou 000 13 89 50, a corporation organized under the laws of the State of (Document Number, if known) | f             |                               |
| Florida  |               |                               |
| (Signature of resigning officer/director)  | 05 SEP 22     | SECRETARY<br>OIVISION OF C    |
| FILING FEE IS \$35.00  | PM 4:53       | ED<br>OF STATE<br>ORPORATIONS |

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

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