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C. CARROTHERS

TRANSMITTAL LETTER

SUBJECT: Mil City GRECIAL SRIVICE.

(Name of Corporation)

DOCUMENT NUMBER: Polyool 139523

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

(Name of Person)

MIR WHY SPECIAL SERVICE

(Name of Firm/Company)

Mr Ary 950/47

(Address)

Me May Rt. 27795—

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (407) 57 9-6.767 (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

TO:

Amendment Section Division of Corporations

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

-10

I, Leigh QUINN	, hereby resign as	٠
of Mid City	of Corporation)	
Poygoo/39523 (Document Number, if known)	_, a corporation organized under the laws of the State of	
Florila	·	
	道。 产 。 5	
Leval	, Juin	71
(S	lignature of resigning officer/director)	(m)

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