## P04000153156

(Requestor's Name)  (Address)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000185145880

09/10/10--01020--008 \*\*35.00

TO-SEP IO PM 1: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

alor

## **COVER LETTER**

NAMES CLUS T
SUBJECT: MYM Solutions Inc (Name of Corporation)
DOCUMENT NUMBER: PØ 4000 153 156
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Blakely Highes (Name of Person)
(Name of Firm/Company)
283 Holland Dr (Address)
St. Augustine FL 32095 (City/State and Zip Code)
For further information concerning this matter, please call:
Blakely Highes at (904) 434-5486 (Name of Person) at (404) 434-5486 (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

CR2E044(08/05)

Street Address:

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

TO:

Amendment Section
Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Blakely	Hughis	, hereby	resign as		tle)	
of MY	M Solv (Name of	tions In Corporation	C ·			<del></del> ,
(Document Number	53156 ber, if known)	, a corporation org	ganized under the	e laws of the	State of	
Florida	(Sig	gnatule of resigning o	officer/director)		10 SEP 10 PM 1: 35 SECHETARY OF STATE TAIL AHASSEE, FLORIDA	FILED

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

FILING FEE IS \$35.00

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