## P04000159070

| (Re                                     | questor's Name)  |             |  |
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| (City                                   | y/State/Zip/Phon | e #)        |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |
| (Bu                                     | siness Entity Na | me)         |  |
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| Special Instructions to Filing Officer: |                  |             |  |
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SOURCE OF SEASON SOURCE

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## TRANSMITTAL LETTER

| Division of Corporations  |
|---|
| SUBJECT: M+M Wood Tic Inc.  (Name of Corporation)  DOCUMENT NUMBER: PO400159000               |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following:                     |
| Angela McHenrie  (Name of Person)   |
| Mtm Wood Tic, Inc.  (Name of Firm/Company)  |
| 15096 Anderson Estate 12d. (Address)  |
| (City/State and Zip Code)   |
| For further information concerning this matter, please call:                                  |
| Angela McHerric at (ao4) 434-1971 (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
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I. Allen Pi                               | hereby resign as                          | JP                     |
|---|---|------------------------|
|   |   | (Title)                |
| of M+ M                                   | Name of Corporation)                      | <del> </del>           |
| P0400159070<br>(Document Number, if known |   | e laws of the State of |
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|   | <del>-</del>                              | 2015 OC:               |
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|   |   | 7AR. 7-00              |
| Oll                                       | le Rr                                     | YOF STA                |
|   | (Signature of resigning officer/director) |                        |

## 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