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(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to f		
Special instructions to 1 ming Officer.		

Office Use Only



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DEC 1 6 2020 S. YOUNG

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
M&M VENDING INC	
	(Name of Corporation)
DOCUMENT NUMBER: P0400010	52066
The enclosed Officer/Director Resignation	gnation for a Corporation and fee are submitted for filing
Please return all correspondence co	ncerning this matter to the following:
MICHAEL OJEDA	
(Name of Pers	son)
M&M VENDING INC	
(Name of Firm/Co	ompany)
6931 NW 87 AVE	
(Address)	
MIAMI, FL 33178	
(City/State and Zip	p Code)
For further information concerning	this matter, please call:
MICHAEL OJEDA	at (305 2192480 ) (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	e payable to the Florida Department of State.
Mailing Address:	Street Address:

Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

CR21 044 (05/13)

Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

MICHAEL OJEDA L	VP, hereby resign as	
		(Title)
M&M VENDING INC		
	(Name of Corporation)	
P04000162066  (Document Number, if known	, a corporation organized under the la	ws of the State of
rlorida ————————————————————————————————————		2029 NOV 10 F
	(Signature of resigning officer/director)	PM 6: 22

## 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