

P04000167793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

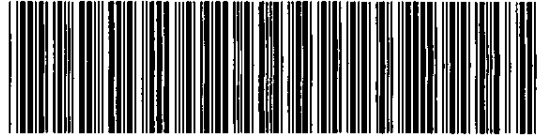
(Business Entity Name)

(Document Number)

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2008 DEC -5 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

officer Resignation

TR

12-9-08

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Mutual Pro Inc Officer Resignation  
(Name of Corporation)

**DOCUMENT NUMBER:** PO4000167793

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Liza Gonzalez  
(Name of Person)

Mutual Pro Inc  
(Name of Firm/Company)

8101 Biscayne Blvd 401  
(Address)

Miami FL 33138  
(City/State and Zip Code)

For further information concerning this matter, please call:

Edgar Gonzalez at ( 786 ) 715-6771  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

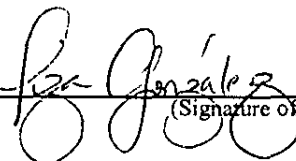
**FILED**  
2008 DEC -5 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, LIZA GONZALEZ, hereby resign as Director  
(Title)

of Mutual Pro, Inc.  
(Name of Corporation)

P04000167793, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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