

POS000022811

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 APR 10 AM 10:57

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CM LAB, INC. (Director Resignation)
(Name of Corporation)

DOCUMENT NUMBER: P05000022811

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

Please return all correspondence concerning this matter to the following:

ALBA C. MUNOZ
(Name of Person)

CM LAB, INC.
(Name of Firm/Company)

788 NW 170 TERRACE
(Address)

PEMBROKE PINES, FL 33028
(City/State and Zip Code)

For further information concerning this matter, please call:

ALBA C. MUNOZ at (954) 447 6514
(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
07 APR 10 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ALBA C. MUNOZ, hereby resign as PRESIDENT
(Title)

of CM LAB, INC (AS OF MARCH - 30 - 2007)
(Name of Corporation)

PO5000022811, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Alba C. Munoz
(Signature of resigning officer/director)



FILING FEE IS \$35.00

FOR AN OATH OR AFFIRMATION:	
STATE OF FLORIDA COUNTY OF <u>Duval</u>	
Sworn to (or affirmed) and subscribed before me this <u>6</u> day of <u>April</u> 20 <u>07</u> , by	
(NOTARY SEAL)	<u>ALBA C. MUNOZ</u>
Personally Known	OR Produced Identification <u>LA</u>
Type of Identification Produced	<u>Florida Driver's License</u>

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

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

CERTIFIED MAIL #7005 1820 0005 7917 0873