05000022942

(F	Requestor's Name)	
(A	ddress)	
(A	ddress)	<u></u> _
(0	city/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(8	lusiness Entity Name)	l
(C	ocument Number)	····
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	·
	-	
		į

Office Use Only



100067125161

H3/1H/N6 - 01023--017 **35.00

0/D Resign.
03/17/06

COVER LETTER

SUBJECT: M BECKER INC (Name of Corporation)
DOCUMENT NUMBER: POSOOOO 22 942
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
COLIN YATES (Name of Person)
JM BECKER INC (Name of Firm/Company)
5111 S RIDGEWOOD AVE, SUITE 202
PORT ORANGE FL 32127 (City/State and Zip Code)
For further information concerning this matter, please call:
COLIN YATES at (386) 761 7719 (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 Post Office Box 6327 Tallahassee, FL 32314

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, Maria A Becker, hereby resign as Director (Title)		·
of JMBecker, In C. (Name of Corporation)		
PO5000 27947, a corporation organized under the laws of the State (Document Number, if known)	of	
Florida		٠
Maria a Beaker (Signature of resigning officer/director)	06	SE(
FILING FEE IS \$35.00	06 MAR -9 PM L	CRETARY OF S

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

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