

PO5000054909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

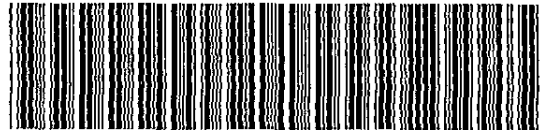
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700058766477

08/22/05 -01058--010 **35.00

FILED
05 AUG 22 PM 2:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

PO

T. Smith AUG 24 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MOBILE WHOLE SALE CORP
(Name of Corporation)

DOCUMENT NUMBER: P05000054909

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

Please return all correspondence concerning this matter to the following:

ALAN DANCOUR
(Name of Person)

MOBILE WHOLE SALE CORP
(Name of Firm/Company)

1880 S. OCEAN DR. APT 608 W
(Address)

HALLANDALE, FL. 33009
(City/State and Zip Code)

For further information concerning this matter, please call:

ALAN DANCOUR at (954) 554-8515
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, AIAN DANCOUR, hereby resign as OFFICER/DIRECTOR
(Title)

of MOBILE WHELESACORP.
(Name of Corporation)

P05000054909, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

X ALO
(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

FILED
05 AUG 22 PM 2:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

954
736
7119