

P05000055096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

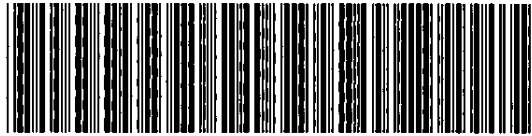
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Officer Resign
Crim Murphy
12/17/07

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: P. P. & M. M. Corp
(Name of Corporation)

DOCUMENT NUMBER: P05000055096

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

Please return all correspondence concerning this matter to the following:

Oscar Rodriguez
(Name of Person)

P. P. & M. M. Corp
(Name of Firm/Company)

2060 NW 48 Terr # 115
(Address)

Lauderhill, FL 33313
(City/State and Zip Code)

For further information concerning this matter, please call:

Oscar Rodriguez at (786) 326-4835
(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

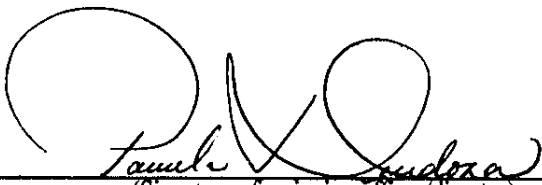
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Pamela Mendoza, hereby resign as President
(Title)

of P. P. & M. M. Corp
(Name of Corporation)

P05000055096, 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA