

P05000056585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

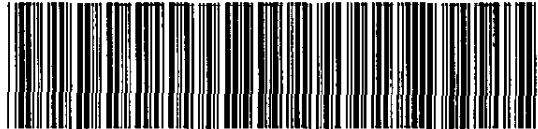
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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04/25/05--01035--006 **35.00

✓ O/D Resign

5/3/05

Dr.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MUSCLE MASS NUTRITION
(Name of Corporation)

DOCUMENT NUMBER: P05000056585

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

FRANK GONZALEZ

(Name of Person)

MUSCLE MASS NUTRITION

(Name of Firm/Company)

17973 SW 155 CT

(Address)

MIAMI, FL 33187

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK GONZALEZ

(Name of Person)

at (786) 253-5344

(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

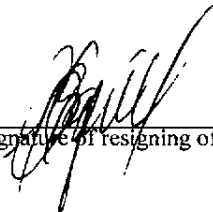
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CARIDAD ESQUIVEL, hereby resign as TS
(Title)

of MUSCLE MASS NUTRITION INC.
(Name of Corporation)

P05000056585, 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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DIVISION OF CORPORATIONS
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