

PS000114458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

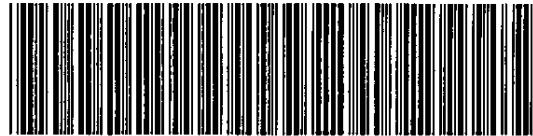
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Krit  
(signature)

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MPS ENTERPRISE INC.  
(Name of Corporation)

DOCUMENT NUMBER: PO 5000114458

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

Please return all correspondence concerning this matter to the following:

PATRICK KELLY  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

1637 S.E. PARADISE CIRCLE #106  
(Address)

CRYSTAL RIVER FL 34429  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICK KELLY at ( 813 ) 309-0806  
(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

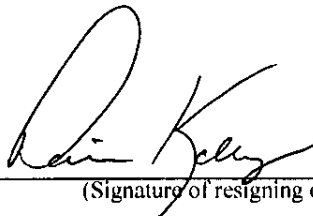
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, PATRICK KELLY, hereby resign as DIRECTOR / PRESIDENT  
(Title)

of MPS ENTERPRISE, INC.  
(Name of Corporation)

P05000114458, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.

  
(Signature of resigning officer/director)

**FILED**  
**06 OCT 31 PM 12:44**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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