P05000156395

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Officer Risign Crin Murphy 3/03/08

COVER LETTER

Division of Corporations			
SUBJECT: MOMPREMIER SERVICES, 100. (Name of Corporation)			
DOCUMENT NUMBER: POSOODIS 6395			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing			
Please return all correspondence concerning this matter to the following:			
(Name of Person)			
(Name of Firm/Company)			
(Name of Firm/Company)			
9730 SW 14 TH STREET (Address)			
PEMBLOKE PINES, FL 33025 (City/State and Zip Code)			
For further information concerning this matter, please call:			
W EST ELBAND manufermissat (754) 244-0221 (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			

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, WE EST ERBAND MAM	OKEMIEThereby resign as_	PRESIDENT
		(Title)
of Mamphemie	A SERVICE	S, 12 C.
(Name	of Corporation)	/
805000156395	, a corporation organized und	er the laws of the State of
(Document Number, if known)		
FLORIDA	<u>_</u> .	

SECRETARY OF SIATE AHASSEE, 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