P05000159470

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
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Consideration A. Filip Office			
Special Instructions to Filing Officer:			

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The/Dis Resign

LURETARY OF STATE

FILED

T. C. MAR 27'2007

COVER LETTER *

TO: Amendment Section Division of Corporations
SUBJECT: MAUMSP, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P05000159470</u>
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) PR. (Name of Person)
MAUMSP INC. (Name of Firm/Company)
PMB 7468 P.O. BOX2428 (Address)
PENSacola 7L 32513 (City/State and Zip Code)
For further information concerning this matter, please call:
WILLIAMS, ROBINSONSK at (286) 846-9691 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

		O7MAR , LED
		DPST (Title) O7MAR 23 PM 1:59 IALLAIJARY OF STATE (Title)
1, SHELBY ROCHR	1 C, hereby resign as	DPST STEE FLORIDA
of MAUMSP (Nam	E of Corporation)	
Po5000159470 (Document Number, if known)	, a corporation organized unde	r the laws of the State of
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