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PICK-UP	☐ WAIT	MAIL
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Certified Coples	Certificate	s of Status
Special Instructions to	Filing Officer:	
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AND SEEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Movature l'houten nc. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Beryl Milin (Name of Person)
(Name of Firm/Company)
3982 uliterau Dr. (Address)
Pau Fi 32571 (City/State and Zip Code)
For further information concerning this matter, please call:
Depluit at (800) 258-7425 (Area Code & Daytime Telephone Number)

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

of Innovative Instation of Corporation organized under the laws of the State of Clouder Condition (Document Number, if known)

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