

P06080036196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

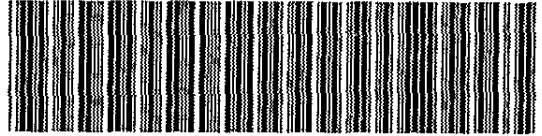
(Business Entity Name)

(Document Number)

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08/17/07--01021--014 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*Resign*

C. Coulliette AUG 22 2007

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MOBILE VISION INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000036196

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

IONILDA CURTIS

(Name of Person)

MOBILE VISION INC

(Name of Firm/Company)

2720 QUANTUM LAKES DR.

(Address)

BOYNTON BEACH FL 33426

(City/State and Zip Code)

For further information concerning this matter, please call:

IONILDA CURTIS

(Name of Person)

at (

561-5035633

(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

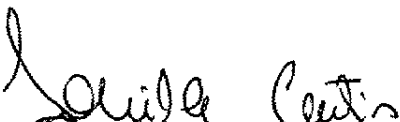
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, IONILDA CURTIS, hereby resign as D  
(Title)

of MOBILE VISION, INC.  
(Name of Corporation)

P06000036196, 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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TALLAHASSEE, FLORIDA

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