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(Reque	estor's Name)	
(Addre	ss)	
(Addre	ess)	
(City/S	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nam	e)
(Docui	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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SECRETARY OF STATE COMPORATIONS

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Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: (Name of Corporation)
DOCUMENT NUMBER: PO 6 000 36 480
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ruben Vidal (Name of Person)
(Name of Person)
(Name of Firm/Company)
17240 500 66 Street
Tolt Cuterdale, FC 3333/ (City/State and Zip Code)
For further information concerning this matter, please call:
Ruben Vidal at (786) 299 4034 (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Ruben Vidal, hereby resign as Vice - Ples (Title)	oi dent
of MVR, Inc. (Name of Corporation)	· · · · · · · · · · · · · · · · · · ·
Document Number, if known) (Document Number, if known) (Document Number, if known)	e of
HOHBA.	
(Signature of resigning officer/director)	OT OCT 11 PM 3: 5

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