

PD6000056810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

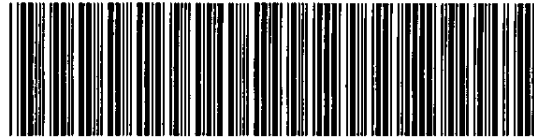
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 22 PM 4:03

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mordecai Claim Service III, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000056810

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antony Grant
(Name of Person)

Antony Grant Enterprises Inc.
(Name of Firm/Company)

5731 NE 21 Ave
(Address)

Fort Lauderdale, FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

Antony Grant at (954) 650-8646
(Name of Person) (Area Code & Daytime Telephone Number)

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

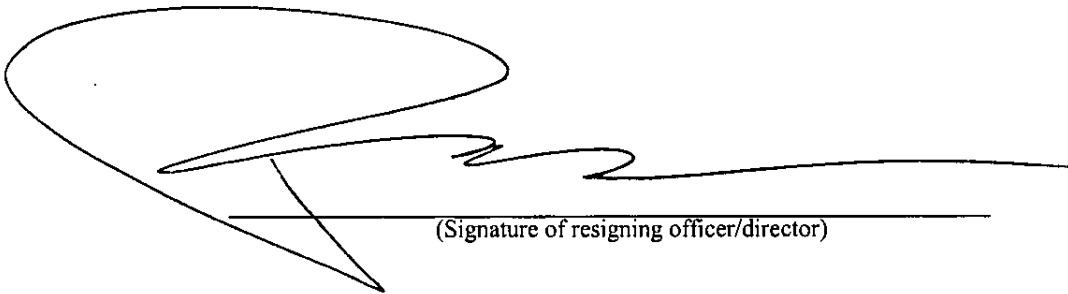
Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Paul Handerhan, hereby resign as Vice President / shareholder
MS, Inc. (Title)
of Mordecai Claim Service III, Inc.
(Name of Corporation)

P06000056810, 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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