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COVER LETTER

Amendment Section Division of Corporations

TO:

•
SUBJECT: MOBE In (Name of Corporation)
DOCUMENT NUMBER: <u>PO 60000 77828</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:
Kelly MORD (Name of Person)
MOBE TO (Name of Firm/Company)
501 South state RD 7
SOI SOUTH STATE RD 7 (Address) Plantation FL 33317 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
TOE MOSO at (954-) 907-4786 (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

Of	i, Kelly	moru	, hereby resign as	reasure (Title)	
(Document Number, if known) AHASSEE, FI	of				,
			, a corporation organized und	Her the laws of the LAHASSEE, FLORIDA	FILED FEB 13 AM

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