

P06000077828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

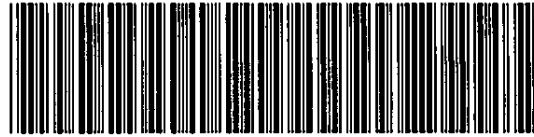
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800156051918

05/21/09--01008--016 **35.00

FILED

09 MAY 21 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Resign
C.COULLETTE

MAY 27 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MOBE INC
(Name of Corporation)

DOCUMENT NUMBER: 706000077828

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

Please return all correspondence concerning this matter to the following:

Joseph Moro
(Name of Person)

MOBE INC
(Name of Firm/Company)

501 South St Rd 7
(Address)

Plantation FL 33317
(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Moro at (904) 584-5786
(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, Joseph Moro, hereby resign as President
(Title)

of MOBE INC
(Name of Corporation)

PO6000077828, a corporation organized under the laws of the State of
(Document Number, if known)


(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

FILED
09 MAY 21 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA