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Amendment Section Division of Corporations

TO:

SUBJECT: MS Industrics (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEVEN PENNA (Name of Person)
MS Industries (Name of Firm/Company)
5340 OUACHTTA DR (Address)
LAKE WORTH FLORIDA 33467 (City/State and Zip Code)
For further information concerning this matter, please call:
STEVEN PENNA at (454) 663-6335 (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

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