

P060000116879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

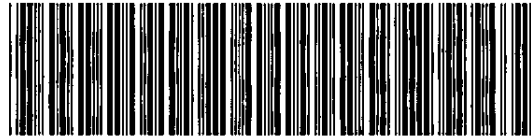
(Business Entity Name)

(Document Number)

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O/D Resign.
07-10-14
De

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MORGAN MANAGEMENT & TRUST INC
(Name of Corporation)

DOCUMENT NUMBER: P06000116879

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

Please return all correspondence concerning this matter to the following:

EDWARD MASON

(Name of Person)

MORGAN MANAGEMENT & TRUST INC

(Name of Firm/Company)

725 CRANDON BLVD STE 504

(Address)

KEY BISCANE, FL 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD MASON

(Name of Person)

at ()

(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
P.O. Box 6327
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, NORMA MASON, hereby resign as PRESIDENT
(Title)

of MORGAN MANAGEMENT & TRUST, INC.
(Name of Corporation)

P06000116879, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

X Norma Osgood Mason
(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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