(Requestor's Name)	
(Address)	900130445259
(City/State/Zip/Phone #)	05/30/0801019003 **35.00
(Business Entity Name)	
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TO:	Amendment Section
	Division of Corporations

SUBJECT: MONTANA INVI	ESTMENTS & MANAGEMENT, IN	C.
	(Name of Corporation)	
DOCUMENT NUMBER:	P06000124141	
The enclosed Officer/Director I	Resignation for a Corporation and fee a	are submitted for filing
Please return all correspondence	ce concerning this matter to the followi	ng:
PAUL GRIEP		
(Name of	f Person)	
MONTANA INVESTMENTS	S & MANAGEMENT, INC	
(Name of Fire	rm/Company)	
7007 FIVE OAKS DRIVE		
(Addı	lress)	
ST. CLOUD, FL 34773		
(City/State ar	ind Zip Code)	
For further information concern	ming this matter, please call:	
PAUL GRIEP	at (407) 973-60	665
(Name of Person	n) (Area Code & Daytir	ne Telephone Number)
ST. CLOUD, FL 34773 (City/State ar For further information concern PAUL GRIEP (Name of Person	at (407) 973-60	

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

JOOP DEVRIES	, hereby resign as TREASURER	
1		(Title)
of MONTANA INVESTMENTS &	MANAGEMENT, INC.	·
(Name	e of Corporation)	
P06000124141 (Document Number, if known)	, a corporation organized under the	e laws of the State of
FLORIDA	<u>_</u> .	
A A A A A A A A A A A A A A A A A A A	(Signature of resigning officer/director) FILING FEE IS \$35.00	TALLAHASSEE, FLOR

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314