

PO7000038871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

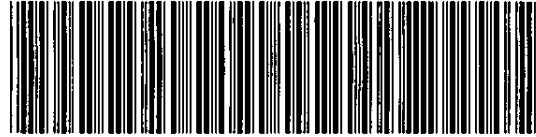
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 20 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M.E.S.S. INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000038871

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

Please return all correspondence concerning this matter to the following:

MAXINE SCOTT
(Name of Person)

M. E. S. S. INC.
(Name of Firm/Company)

3126 SW CURCUMA ST
(Address)

PORT ST. LUCIE, FL 34953
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (772) 878 7818
(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, WAYNE E. SCOTT, hereby resign as DIRECTOR
(Title)

of M.E.S.S. INC.
(Name of Corporation)

P07000038871, a corporation organized under the laws of the State of
(Document Number, if known)

FL


(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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