

007000048214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

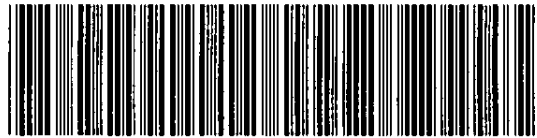
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10 JAN 11 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*off Resign*  
C.COULLETTE

JAN 12 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M.C.M. ADJUSTERS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000048214

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

Please return all correspondence concerning this matter to the following:

MARIO D. MAYORGA

(Name of Person)

M.C.M. ADJUSTERS, INC.

(Name of Firm/Company)

10300 SUNSET DR SUITE # 460-14

(Address)

MIAMI, FL 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO D. MAYORGA

(Name of Person)

at ( 305 ) 479-4999

(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:**

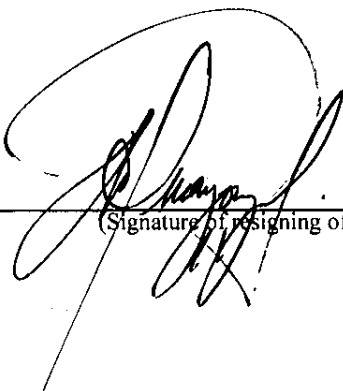
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARIO D. MAYORGA, hereby resign as V.P.  
(Title)

of M.C.M. ADJUSTERS, INC.  
(Name of Corporation)

P07000048214, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

**FILED**  
**10 JAN 11 PM 3:24**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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