(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
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COVÈR LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Mobile Tans Inc. (Name of Corporation)
DOCUMENT NUMBER: P07000077850
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christina D. Martnez (Name of Person)
(Name of Person)
(Nome of Firm/Company)
(Name of Firm/Company)
9844 Stover Way
Wellington, FL 33414 (City/State and Zip Code)
For further information concerning this matter, please call:
Chrishm D. Martuez at (954), 534. 2675 (Name of Person) at (954), 534. 2675 (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 Post Office Box 6327 Tallahassee, FL 32314

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



March 29, 2012

CHRISTINA D. MARTINEZ 9844 STOVER WAY WELLINGTON, FL 33414

SUBJECT: MOBILE TANS, INC. Ref. Number: P07000077850

We have received your document for MOBILE TANS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

YOU CAN NOT RESIGN AS REGISTERED AGENT ON THE SAME FORM TO RESIGN AS OFFICER/DIRECTOR.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 112A00010503

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Christina D. Martnez, hereby resign as Pres	aldent
of Mobile Tans Inc. (Name of Corporation)	
Po 7000 77850 , a corporation organized under the laws of the State of (Document Number, if known)	
Florida	
Chudura D Martine (Signature of resigning officer/director)	DIVISIO

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