

PO7000124034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

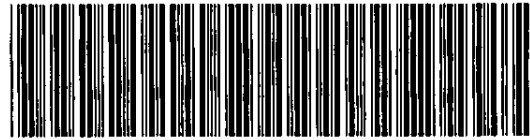
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

olo Resignation

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Metropolis Services Inc
(Name of Corporation)

DOCUMENT NUMBER: P070001240347

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

Please return all correspondence concerning this matter to the following:

Michael T Storms

(Name of Person)

Metropolis Services Inc

(Name of Firm/Company)

2218 Deata Ct

(Address)

Saint Cloud FL. 34772

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Storms at **407 462-8291**
(Name of Person) (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

SECRET
FALLAHASSEE, FL
14 NOV -3 PM 5:00
61171

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Leah May Navarro, hereby resign as President
(Title)

of Metropolis Services Inc
(Name of Corporation)

P07000124034, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Leah May Navarro President 10/10/14
(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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