

PO7000 124034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

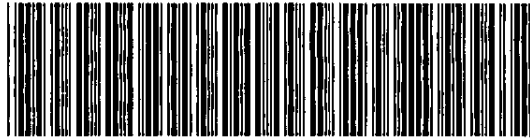
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

AUG 17 2016

C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEIROPOLIS SERVICES INC
(Name of Corporation)

DOCUMENT NUMBER: P07000124034

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

Please return all correspondence concerning this matter to the following:

MAYIA PORZI
(Name of Person)

MEIROPOLIS SERVICES INC
(Name of Firm/Company)

9417 13th STREET
(Address)

SAINT CLOUD FL 34769, US
(City/State and Zip Code)

For further information concerning this matter, please call:

MAYIA PORZI at (407) 371 1995
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MANI A PORZI, hereby resign as CFO
(Title)

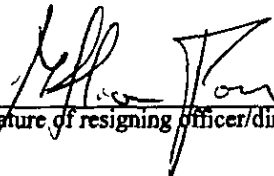
of MEGROPOLIS SERVICES INC
(Name of Corporation)

PO7000124034, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

2016 AUG -5 AM 3:22
DEPT OF STATE
TALLAHASSEE FLORIDA

FILED


(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