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## **COVER LETTER**

SUBJECT: MULT   LINGUA INTERNAL LANGUAGE CENTER, IN (Name of Corporation)	L.
DOCUMENT NUMBER: POS DODO 14877	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person)  (Name of Person)	
(Name of Firm/Company)	
MAD STE 32 (Address)	
City/State and Zip Code)	
For further information concerning this matter, please call:	
Tim RayablH at (407) 947-7330 (Name of Person) (Area Code & Daytime Telephone Number).	
(Address)  ORIANIO FL 37904  (City/State and Zip Code)  For further information concerning this matter, please call:	

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

Pd# 1020 11-20-09

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

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ι, _	TIMOTITY	V. RANDO	) LPH_, hereby resign a	s CEO (Ti	tle)	
of_	MOLTI	LINGUA (Name of	TNTELNATIONAL Corporation)	L LANLUAGE	CENTER,	INC
-	Posono I (Document Number,		a corporation organized u	under the laws of the	State of	
	FLORIC	14				
	· ·	(S/Igr	nature of resigning officer/dire	ector)	2009 DEC -3 AM II: 17 SECRETARY OF STATE FALLAHASSEE, FLORIO	TIMO

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