	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
	Certified Copies Certificates of Status
DOF	Special Instructions to Filing Officer:
APR 09 2	
K. Viren	
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## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Monster Mov	ving, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P0800	0040577
The enclosed Officer/Director Resig	nation for a Corporation and fee are submitted for filing
Please return all correspondence con	cerning this matter to the following:
Justin Aloneftis	
(Name of Perso	on)
Monster Moving, Inc	С.
(Name of Firm/Cor	mpany)
6831 S.W. 76th Ter	race
(Address)	
South Miami, Florida	a 33143
(City/State and Zip	Code)
For further information concerning t	his matter, please call:
Justin Aloneftis	at (561) 543-9668  (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made	e payable to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
Division of Corporations P.O. Box 6327	409 E. Gaines Street
Tallahassee, FL 32314	Tallahassee, FL 32399

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Justin Aloneftis	, hereby resign as President (Title)
Monster Mov	
	e of Corporation)
	Signature of resigning officer/directory  Signature of resigning officer/directory  Signature of resigning officer/directory  Signature of resigning officer/directory

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