

PD8000040577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

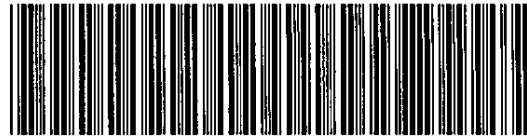
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700253635507

11/25/13--01006--014 **35.00

APPROVED
AND
FILED

13 NOV 25 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
DEC 2 2013
EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MONSTER MOVING INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000040577

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

Please return all correspondence concerning this matter to the following:

RISTO TRIIPAN
(Name of Person)

MONSTER MOVING INC.
(Name of Firm/Company)

712 PARK PLACE
(Address)

WEST PALM BEACH, FL, 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

RISTO TRIIPAN at (561) 628-5221
(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**

APPROVED
AND
FILED

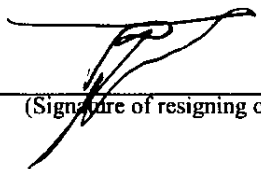
13 NOV 25 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, RISTO TRIIPAN, hereby resign as VICE PRESIDENT
(Title)

of MONSTER MOVING INC.
(Name of Corporation)

008000040577, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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