P08000052426

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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Special Instructions to Filing Officer:						
Special manualions to 1 ming officer.						

Office Use Only



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08/22/08--01011--009 **35.00

SECRETARY OF STATE OTVISION OF CORPORATIONS

COVER LETTER

SUBJECT: Money Merge Office Inc. (Name of Corporation)								
DOCUMENT NUMBER: PO80000 52426								
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) Celnicker								
(Name of Person) Celnicker								
(Name of Firm/Company)								
16699 (olling Am. #1503								
(Address)								
Sunay Isles FC 33160 (City/State and Zip Code)								
()								
For further information concerning this matter, please call:								
Peter Celnicker at (561) 289-5217 (Name of Person) (Area Code & Daytime Telephone Number)								
(Name of Person) (Area Code & Daytime Telephone Number)								

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Peter	Celriche	, hereby resign as	Vice	Presid	ent
of	Mones	Merge (Name of Corpora	Office	Inc.		1
-			oration organized und	er the laws o	of the State of	
	-lorida				Q.	DIV
		PA	W		08 AUG 22 AM 10:	SECRETARY OF SISION OF CORPOR
		(Signature o	f resigning officer/directo	or)	_ 5	ATTO

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