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(F	Requestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	1
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(B	usiness Entity Name)	•
(C	ocument Number)	•
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SECRETARY OF STATE
ALL AHASSEF FLORID

John John

COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: MEAA Sales Incorporated
DOCUMENT NUMBER: POSOCIO 109129
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
James A. Johnson (Name of Person)
(Name of Firm/Company)
13,50 SW S5 Avenue
Mani FL. 33156 (City/State and Zip Code)
For further information concerning this matter, please call:
James A. Johnson at (305) 401-0464 (Name of Person) at (305) 401-0464 (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Deann R. John Son, hereby resign as Vice P	esiden (Title)	<u> </u>
of MEAA Sales Incorporated (Name of Corporation)		[,]
(Document Number, if known), a corporation organized under the laws of	ي تي∸م	2
	SET 28 PM CHETARY OF LAHASSEE, F	-
Dolron	STATE CLORIDA	
(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