PD900001371

(R	Requestor's Name)	
A)	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(<u>C</u>	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer	





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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT, MDS PETROLEUM INC

(Name of Corporation)

DOCUMENT NUMBER: P09000101371

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

Please return all correspondence concerning this matter to the following:

CHOWDHURY KABIR

(Name of Person)

CMAX CONSULTING INC

(Name of Firm/Company)

4928 10TH AVE N

(Address)

GREENACRES, FL-33463

(City/State and Zip Code)

For further information concerning this matter, please call:

CHOWDHURY KABIR

...561

202-6620

(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

I, MONINDRA C DEY	, hereby resign as TREASURER/DIR	•
	(Title)	_
of MDS PETROLEUM INC		
P09000101371 (Document Number, if known)	rporation organized under the laws of the State of	
FLORIDA		
MONINDRA C [Digitally signed by MONINDRA C DEY ON con-MONINDRA C DEY, o. ou, Small-KABIRZ@GMAIL.COM, c=US Date 2017.11 28 19.13 33 -05'00' e of resigning officer/director)	
FILINO	ASSET IS \$35.00	ロニコフ
Make checks payable to Flor	rida Department of State and mail to	 -

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314