

P10000010745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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*Off / Liu Resign*

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10 MAR -1 AM 11:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Roberts MAR 02 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Massage Palms, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000010745

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

Please return all correspondence concerning this matter to the following:

Brandi Morrison

(Name of Person)

The Massage Palms, Inc.

(Name of Firm/Company)

12909 N. 56th Street Suite 105

(Address)

Tampa, FL 33617

(City/State and Zip Code)

For further information concerning this matter, please call:

Brandi Morrison

(Name of Person)

at ( 813 ) 446-3424

(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**

FILED  
10 MAR -1 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Scott A. Morrison, hereby resign as Vice President  
(Title)

of The Massage Palms, Inc.  
(Name of Corporation)

P10000010745, 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