

P110000028955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MERLYN METROPOLIS CA INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000028955

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

Please return all correspondence concerning this matter to the following:

**ARNALDO MARTINEZ**

(Name of Person)

**MERLYN METROPOLIS CA INC**

(Name of Firm/Company)

**10850 NW 82 TER UNIT 5**

(Address)

**MIAMI, FL 33178**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ARNALDO MARTINEZ**

**407**

**432-5282**

(Name of Person)

at (

(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, NOELIX MARTINEZ, hereby resign as VP  
(Title)

MERLYN METROPOLIS CA INC  
of \_\_\_\_\_  
(Name of Corporation)

P11000028955  
(Document Number, if known), a corporation organized under the laws of the State of  
FLORIDA

  
(Signature of resigning officer/director)

APPROVED  
AND  
FILED  
14 NOV 21 AM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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