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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP		MAIL
(Business Entity Name)		
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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APPRUYEN



TRANSMITTAL LETTER

TO: Amendment Section **Division** of Corporations

SUBJECT:

MGR ASSOCIATES, INC.

(Name of Corporation)

DOCUMENT NUMBER: P12000026226

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

Please return all correspondence concerning this matter to the following:

K. GARY KHACHATRIAN

(Name of Person)

MGR ASSOCIATES, INC.

(Name of Firm/Company)

6815 WILLOW WOOD DR, #4043

(Address)

BOCA RATON, FL 33434

(City/State and Zip Code)

For further information concerning this matter, please call:

K. GARY KHACHATRIAN 561

(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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION	APPROVED 7 ND F 20 14 FEB -3 PH 2: 26 SECTIONENT OF STATE TO AND AND STATE		
,, nereby resign as	(Title)		
ofMGR ASSOCIATES, INC.			
(Name of Corporation) P12000026226 (Document Number, if known) FLORIDA	s of the State of		

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~3 (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

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