## P12000041995

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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUB.	MC Squared Group Inc.  (Name of Corporation)
DOC	UMENT NUMBER: P12000041995
	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Ch	ristina Milford
	(Name of Person)
	(Name of Firm/Company)
33	Hoffman Drive
	(Address)
Gι	ılf Breeze, FL 32561
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
Ch	ristina Milford (Name of Person)  at (850 ) 393-4605 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis P.O.	ing Address:  ndment Section Sion of Corporations Box 6327 Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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(Title)	
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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