P13000064680

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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02/20/15--01020--010 **35.00

15 FFB 20 PH 2: 39

FEB 2 5 2015 T. CARTER

TRANSMITTAL LETTER

O: Amendment Section Division of Corporations

SUBJECT: MELBOUTH CO	
(Name of Corporation)	 -
DOCUMENT NUMBER: P13000064680	
The enclosed Officer/Director Resignation for a Corporation and fee are sub	mitted for filing.
Please return all correspondence concerning this matter to the following:	
EROL ALTUNBAY	
(Name of Person)	
MELBOUTH CO	
(Name of Firm/Company)	
8743 ALEGRE CIR	_
(Address)	
ORLANDO FL 32836	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
EROL ALTUNBAY (Name of Person) at (407) 474 886 (Area Code & Daytime Tele	1
(Name of Person) (Area Code & Daytime Tele	phone 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

FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA

15 FEB 20 PH 2: 39

I EROL ALTUNBAY	, hereby resign as OFFICER	
· · · · · · · · · · · · · · · · · · ·	(Title)	
of MELBOUTH CO		
(Name	of Corporation)	
P13000064680	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		
	_	

FILING FEE IS \$35.00

re of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

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