P14000015965

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cir	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		
		22
		25





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01/23/17--01016--029 **25.00

05/24/17--01022--003 **10.00

OD Res. TALLAHASSEE FLORIDA

MAY 2 4 2017 D CONNELL



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2017

KEVIN MCCALL 3RD MAILING M & M HEALTHY VENDING INC 5814 ALDERFER SPRINGS DR JACKSONVILLE, FL 32258

SUBJECT: M & M HEALTHY VENDING INC

Ref. Number: P14000015965

We have received your document for M & M HEALTHY VENDING INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The fee to file your document is \$35.

There is a balance due of \$10.00.

You failed to sign the form

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 417A00004277



March 7, 2017

KEVIN MCCALL M & M HEALTHY VENDING INC 4401 EMERSON ST #8 JACKSONVILLE, FL 32207

SUBJECT: M & M HEALTHY VENDING INC

Ref. Number: P14000015965

We have received your document for M & M HEALTHY VENDING INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The fee to file your document is \$35.

There is a balance due of \$10.00.

You failed to sign the form

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 417A00004277



January 30, 2017

KEVIN MCCALL / M & M HEALTHY VENDING 4401 EMERSON ST #8 JACKSONVILLE, FL 32207 US

SUBJECT: M & M HEALTHY VENDING INC

Ref. Number: P14000015965

We have received your document for M & M HEALTHY VENDING INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 817A00001857

TO: Amendment Section Division of Corporations
SUBJECT: M& M Healthy Vending (Name of Corporation)
DOCUMENT NUMBER: P14000015965
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
(Name of Person) Waw Healthy Vending (Name of Firm/Company)
(Name of Fireh/Company) 4401 Eurerson ST #8 (Address)
Jacksonville, FL 32207 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (904) 400-0298 (Area Code & Daytime Telephone Number)

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

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, KEVIN MCCALL	hereby resign as VICE PRESIDENT (Title)
of M & M HEALTHY	
P14000015965 (Document Number, if known)	ne of Corporation), a corporation organized under the laws of the State of
FLORIDA	·
	(Signature of resigning of ficer/director)
	ACL AH
	ANSSEE I
	FILING FEE IS \$35.00

Amendment Section
Division of Corporations

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

P.O. Box 6327 Tallahassee, Florida 32314