P14000053364

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

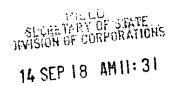
TO: Amendment Section Division of Corporations
SUBJECT: MEESA CORP. (Name of Corporation)
DOCUMENT NUMBER: P14 DO 53364
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MoHAMMAD MOTAMEDI (Name of Person)
MEESA CORP. (Name of Firm/Company)
MING SW IRY ST. (Address)
Miam: 1FL 33157 (City/State and Zip Code)
For further information concerning this matter, please call:
MEHAMMAN MOTAMEDI at (786) S12-4455 (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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

CR2E044 (05/13)

 $|x|^2 \operatorname{dR}(p) = 1/(p+1)^2 \cdot |x|^2 \cdot$

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OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



SAHAR MOTAMED: , hereby resign as V. P. T. (Title)
of MEESA CORP. (Name of Corporation)
(Document Number, if known), a corporation organized under the laws of the State of
Florida
(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