## P15000075540

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT M	AIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status _					
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## TRANSMITTAL LETTER

21 NOV 27 PM 2: 00

**Amendment Section** TO: Division of Corporations

SUBJECT:	Massag	je Outbo	und, Inc.	•	
	(Name of Corporation)				
DOCUMENT	NUMBER:_	P1500007	5540		
The enclosed C	Officer/Directo	r Resignation f	or a Corporatio	on and fee are subm	itted for filing.
Please return al	ll corresponde	nce concerning	this matter to	the following:	
Patricia	Spatz				
	(Name	of Person)		<del></del>	
Massage	e Outbo	und, Inc.			
	(Name of F	irm/Company)			
6640 An	chor Lo	op #102			
	(Ac	ldress)		_	
Bradente	on, FL 3	4212			
	(City/State	and Zip Code)		_	V
For further info	ormation conce	eming this mat	ter, please call:		
Patricia			GIL (	724-1360	
	(Name of Pers	on)	(Area Co	de & Daytime Teleph	none 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

<sub>ι.</sub> Mark A. Spatz	, hereby resign as	CFO	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Title)	
of Massage Outbou	nd, Inc.		
(Na	me of Corporation)	***	
P15000075540	, a corporation organized under	the laws of the State of	
(Document Number, if known)	, a corporation organized under	the laws of the State of	
Florida			
	<del></del>		

FILING FEE IS \$35.00

(Signature of conjening 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