P1600000 1148

(Red	questor's Name)	
(Add	lress)	
· (Add	lress)	·
(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



700282225637

02/16/16--01019--010 **35.00

2016 FEB 16 AH 10: 05

FEB 1 7 2016

C. CARROTHERS

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: M4LS Corp
(Name of Corporation)
DOCUMENT NUMBER: P16000001148
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William I Jaure
(Name of Person)
(Name of Firm/Company)
12344 sw 144 terr
(Address)
Miami, Florida 33186
(City/State and Zip Code)
For further information concerning this matter, please call:
William I Jaure (Name of Person) at (786) 223 - 7476 (Area Code & Daytime Telephone Number)
(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

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I.} William I Jaure	, hereby resign as	President
7	,, <u>,</u> <u></u>	(Title)
of M4LS Corp		
(Name of Corpor	ation)	·
P16000001148 (Document Number, if known), a corp	oration organized under the	e 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