

P200000 26480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

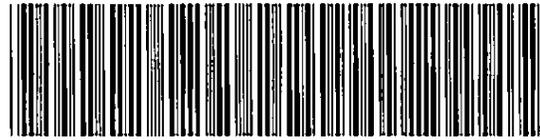
(Business Entity Name)

(Document Number)

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R. WHITE

APR 29 2020

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MSL USA 1 INC
(Name of Corporation)

DOCUMENT NUMBER: P20000026480

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

APRIL CONDRON
(Name of Person)

CAPE COD MGMT SVC INC
(Name of Firm/Company)

314 NE 27TH ST
(Address)

WILTON MANORS FL 33334-2020
(City/State and Zip Code)

For further information concerning this matter, please call:

APRIL CONDRON at (954) 630-8300
(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:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

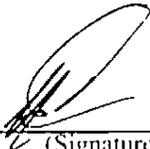
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MOHAMMED S CHOWDHURY, hereby resign as VP
(Title)

of MSL USA 1 INC
(Name of Corporation)

P20000026480, a corporation organized under the laws of the State of
(Document Number, if known)

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

2020. 17 11: 8: 20