P23000015605

(Danisately Name)
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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Ö Amendment Section Division of Corporations

UBJECT: MJB SPECIALTIES INC	
(Name of	(Name of Corporation)
OCUMENT NUMBER: P23000015605	
he enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.	ration and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:	r to the following:
AULA S. AUDI	
(Name of Person)	
40 FRILLS ACCOUNTING INC	
(Name of Firm/Company)	
06 KINGSPORT CT	
(Address)	1
OLLY HILL FL 32117	
(City/State and Zip Code)	
or further information concerning this matter, please call:	all:
AULA S. AUDI	671-1361
_[Arca Code & Dayume 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

:

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

The College

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TON A COM OWN HOLE

ERIC DODSWORTH

• . .

2023 HUY 17 PH 12: 40 VICE PRESIDENT

(Tile)

MJB SPECIALTIES INC

(Name of Corporation)

P23000015605

(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