P94000054291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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resignation of officer

FILED
04 FEB -5 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AR
2/11/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MOSHAN MANAGEMENT, INC.
(Name of Corporation)

DOCUMENT NUMBER: P94000054291

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

Please return all correspondence concerning this matter to the following:

DAVID SHANK
(Name of Person)

MOSHAN MANAGEMENT, INC.
(Name of Firm/Company)

9530 NORTH TEASK STREET
(Address)

TAMPA, FL 33624
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID SHANK at (813) 269-0880
(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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED
04 FEB -5 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HENRY MODZELEWSKI, hereby resign as DIRECTOR/OFFICER
(Title)

of MOSHAN MANAGEMENT, INC.
(Name of Corporation)

P94000054291, 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