## P94000067356

(Re	equestor's Name)					
(Ad	ldress)					
(Ad	ldress)					
(Cit	ty/State/Zip/Phone	÷#)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						





700188539307

12/10/10--01022--002 \*\*35.00





## **COVER LETTER**

TO: Amendment Section Division of Corporations
MCR DEVELOPMENT, INC. SUBJECT:
(Name of Corporation)
DOCUMENT NUMBER: P94000067356
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ANNIE N. NIEVES
(Name of Person)
MCR DEVELOPMENT, INC.
(Name of Firm/Company)
P.O. Box 622245, Orlando, FL 32862
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Annie Nieves  at (407 ) 832-4049  (Name of Person) (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.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## **OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION

I,	ANNIE N. NIEVES		_, hereby resign as_	Vice	President	
			_	_	(Title)	
of	MCR DEVELOPMENT,	INC.				
	(Name	of Corporat	ion)			
Р9	4000067356	a corno	oration organized und	der the la	ws of the State of	
	(Document Number, if known)	, <b>a c</b> orpe	nation organized uni	uci the la	ws of the state of	
	FLORIDA	<b></b> ·				

(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