



Melbourne
Massage
Therapy, Inc.

300 E. Strawbridge Avenue, Melbourne, FL 32901

(407) 956-BACK(2225)

Fax 956-2225

7/22/02

STATE OF FLORIDA
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

200006765182--6
-07/30/02--01060--007
*****157.50 *****87.50

200006765182--6
-07/30/02--01060--008
*****26.25 *****8.75

MADAM/SIR:

PLEASE FIND ENCLOSED:

1. STATEMENT OF CHANGE
OF REGISTERED OFFICE/AGENT \$35.00 + \$8.75 cert. fee
2. RESIGNATION OF REGISTERED AGENT \$87.50 + 8.75 cert fee
3. OFFICER/DIRECTOR RESIGNATION \$35.00 + 8.75 cert fee

CB # 1961
7/22/02

\$157.50

CB # 1962 + 26.25 cert fees.

Thank you,
S. Christine Charles, LMT
OWNER/DIRECTOR

PLEASE SEND CERTIFICATIONS TO
ADDRESS SHOWN ON LETTERHEAD.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUL 30 AM 9:28

FILED

Thanks. /ac
8/6

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, MICHELLE F. VALPERN
(Name of registered agent)

hereby resigns as Registered Agent for MELBOURNE MASSAGE THERAPY, INC.
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Michelle F. Valpern
(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
02 JUL 30 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA