

P97000021191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name)

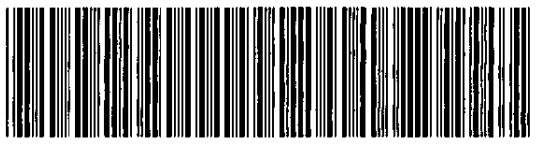
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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MULTI MEDIA CONCEPTS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000021191

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

Please return all correspondence concerning this matter to the following:

RHODA JAVIER

(Name of Person)

MULTI MEDIA CONCEPTS INC

(Name of Firm/Company)

PO BOX 8089

(Address)

PORT ST LUCIE, FL 34985

(City/State and Zip Code)

For further information concerning this matter, please call:

RHODA JAVIER

(Name of Person)

at ( 772 ) 223-2959

(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

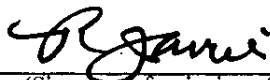
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, RHODA JAVIER, hereby resign as PRESIDENT  
(Title)

of MULTI MEDIA CONCEPTS INC  
(Name of Corporation)

P97000021191, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA.



(Signature of resigning officer/director)

**FILED**  
2009 AUG 24 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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