

P98000064079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000259537530

05/23/14--01028--003 **35.00

14 MAY 23 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
JUN 6 2014
EXAMINER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MUNICIPAL TESTING LABORATORY OF FLORIDA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P98000064079

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

Please return all correspondence concerning this matter to the following:

John Hicks

(Name of Person)

M.T.L., INC.

(Name of Firm/Company)

375 RABRO DRIVE

(Address)

HAVPPAUGE, NY 11788

(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN JAYCOX

(Name of Person)

at (877) 685-9245

(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

APPROVED
AND
FILED

14 MAY 23 AM 10:43

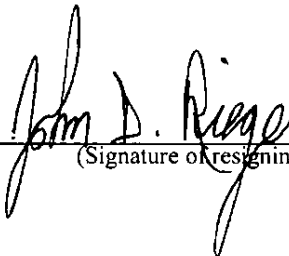
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, John RIEGE, hereby resign as VP
(Title)

of MUNICIPAL TESTING LABORATORY OF FLORIDA, INC.
(Name of Corporation)

P98000064079, 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