

P98000064127

MSM DIVERSIFIED  
20363 NW 39 CT  
CAROL CITY FL 33055-1326

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
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-03/29/01--01086--023  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in
- Mail out
- Pick up time
- Will wait
- Certified Copy
- Photocopy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**AMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

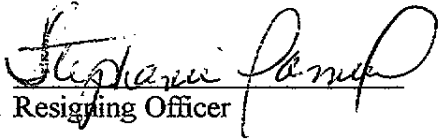
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 MAR 29 PM 3:15

FILED

Examiner's Initials AA 4/3

**OFFICER/DIRECTOR RESIGNATION**

I, **Stephanie Michele Samuel**, hereby resign as **Treasurer of MSM Diversified, Inc.**, a corporation organized under the laws of the State of **Florida** and affirm that the corporation has been notified in writing of the resignation.

  
Resigning Officer

  
Officer Accepting Resignation

FILING FEE IS \$35.00

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

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