

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 #)

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

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ 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

Examiner's Initials

004/3

7000003929817--2  
-03/29/01--01086--023  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

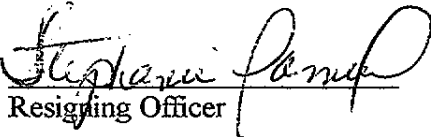
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR 29 PM 3:15

FILED

**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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA