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Off Resign

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TRANSMITTAL LETTER

T	O: Amendment Section Division of Corporations
Sì	UBJECT: MDI Consulting /NC. (Name of Corporation)
D	OCUMENT NUMBER: P 98000 101 996
T	he enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Pl	lease return all correspondence concerning this matter to the following:
_	BRIGITTE L MARK (Name of Person)
COCA -	MDI CONSULTING INCITHE RARE OLIVE (Name of Firm/Company)
	1601 E 7th AVENUE WITH WINDS
_	TAMPA (City/State and Zip Code) 33605
Fo	or further information concerning this matter, please call:
_	DEBORAH SPRINGBORAN 8/3 956 0965 (Name of Person) (Area Code & Daytime Telephone Number)
E	nclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

ck# 2474 7/18/05

CR2E044(11/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION
FILE
FOR A CORPORATION

05
JUL 22
JUL 23
JUL 22
JUL 22
JUL 23
JUL 22
JUL 24

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