## P99000078987

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: M & N ENTER PRIN S.W. L.  (Name of Corporation)  DOCUMENT NUMBER: P 9000 78987
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William H Frages (Name of Person)
TAILGATON SPAGS BAON (Name of Firm/Company)
2501 HANCOCK BRIDGE PARKING
Cape Const FL 33998 (City/State and Zip Code)
For further information concerning this matter, please call:    J 43 5742
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
PLEASE AMEND My ORE
Leaving my no Enten priso,
CR2E044(08/05) Should Show 03/01/02

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, WILLIAM EARLY, hereby resign as Residual Florida, (Title)

Of My W Sutan Pletra of Southwest Florida, (Name of Conferation)

P990007877

(Document Number, if known)

FOR A CORPORATION

A corporation organized under the laws of the State of

(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

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3-1-03
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Effective.