

P99000082145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

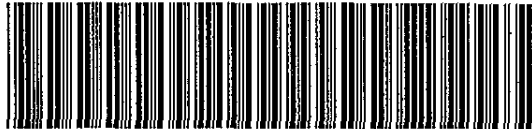
(Business Entity Name)

(Document Number)

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02/05/04--01036--002 \*\*35.00

*Resignation  
of -  
Officer*

FILED  
04 FEB -5 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ADR  
2/10/04*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A.M.N. Mutual Enterprises, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** 999000082145

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

Charles M. Samaha  
Attorney at Law  
Post Office Box 450  
St. Petersburg, FL 33731

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**CHARLES M. SAMAHA**

(Name of Person)

at ( 727 ) 821 0026  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**


**FILED**  
**04 FEB -5 PM 4: 18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

I, Mohammed Abul Hossain, hereby resign as Director  
(Title)

of A.M.N. Mutual Enterprises, Inc.  
(Name of Corporation)

P99000082145, a corporation organized under the laws of the State of  
(Document Number, if known)

FL

  
(Signature of resigning officer/director) His Attorney In fact

**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