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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	∋ #)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	1
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SECRETARY OF STATE
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: MPMMMISIM CINCOLS, INC. (Name of Corporation)	
DOCUMENT NUMBER: P 99000091626	
The enclosed Officer/Director Resignation for a Corporation and fee are submi	itted for filing
Please return all correspondence concerning this matter to the following:	
HISON Sapp (Name of Person)	- a. ··
Merchandising Coopeds INC. (Name of Firm/Company)	ş-
5830 NW 60th Street (Address)	,कर
Parkland, FC 33067 (City/State and Zip Code)	er en
For further information concerning this matter, please call:	
Name of Person) at (954) 971-8080 (Area Code & Daytime Telephone)	one 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

I, Alison Sapp	, hereby resign as Vice President	
,	(Title)	
of Merchandising Corporation	IS INC.	,
^ -	ation organized under the laws of the State of	
Florida.	<u> </u>	
	!	
Alison .	Som	
(Signature of r	esigning 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

SECRETARY OF STATE