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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	•							
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)							
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Office Use Only



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O7 DEC 17 PM 4: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resign Crin Murphy 12/18/07

COVER LETTER

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

Amendment Section

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Roy	Roby		, hereby resign as_	Presia	(Title)	
of	Matp	etrol, I	 me of Corporation	n)			,
	S 0 6 2 (Document Num	cer, if known)	, a corpor	ation organized un	der the laws of	the State of	
	Flori	da	·				
	_		(Signature of r	esigning officer/direct	or)	OT DEC 17 SECRETARY TALLAHASSI	П
				•		ARY SSE	
			FILING FI	EE IS \$35.00		PH 4: 00 OF STATE E. FLORIDA	0

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314