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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MAITLAND SQUARE ASSUCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: 72335Z
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TIMOTHY D. QUINLAN (Name of Person)
WATCHETZ QUINLAN INC. (Name of Firm/Company)
3216 COTERINE DIE (Address)
OTZLANDO FL 32803 (City/State and Zip Code)
For further information concerning this matter, please call:
TIMOTHY J. QUINLAN at (407) 894-0671 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	09,
(J. QUINLAN	
(Name of Registered Agent)	•
1022A SURAUBE KUA	I MOSTAS
(Name of Corporation)	
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	(Name of Registered Agent) (Name of Corporation) (Name of Corporation) isted corporation at its last known on the 31st day after the date on gning Agent)

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314