## 843977

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: <b>#)</b>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

SUBJECT: Mairet Corpo	(Name of Corporation)
DOCUMENT NUMBER:	843977
The enclosed Resignation o	f Registered Agent for a Corporation and fee are submitted for filing
Please return all correspond	ence concerning this matter to the following:
William A. Weber	
(Nam	e of Person)
Hughes Hubbard & Ree	d, LLP
(Name of	Firm/Company)
201 S. Biscayne Blvd., S	Suite 2500
(/	Address)
Miami, Florida 33131	
(City/Stat	e and Zip Code)
For further information con	cerning this matter, please call:
William A. Weber	at ( 305 ) 358-1666
(Name of Per	at\

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections of	07.0302(2), 617.0302(2), 607.1309, 6r 617.1309,
Florida Statutes, the undersigned, Re	liable Agents, inc.
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Mairet Corporation
more of residue as redissored redem re-	(Name of Corporation)
843977	
(Document Number, if known)	_
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
11 Le	gnature of Resigning Agent)
If signing on behalf of an entity:	
	schel E. Sparks, Jr.
(	Typed or Printed Name)
Vic	ce President
	(Capacity)  (Capacity)  (Capacity)
	PR C
Rea for filin	g this document:
	tive corporation
	ministratively dissolved/voluntarily dissolved/

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

withdrawn corporation