

# F021 24

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(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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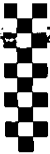
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*O/D-Resign*

*ST  
8/26/16*

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16 AUG 15 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M.A.A., INC.

(Name of Corporation)

**DOCUMENT NUMBER:**

F 02124

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

Please return all correspondence concerning this matter to the following:

**JENNIFER ATKISSON-LOVETT**

(Name of Person)

**DBA RE/MAX OF STUART**

(Name of Firm/Company)

**729 S FEDERAL HWY SUITE 100**

(Address)

**STUART, FL 34994**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JENNIFER ATKISSON-LOVETT** at **772 288-1111**

(Name of Person)

(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:**

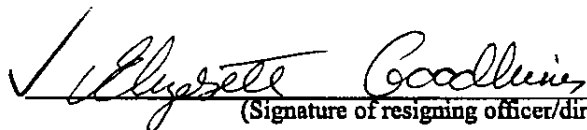
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ELIZABETH GOODLUNIS, hereby resign as OTHER  
(Title)

of M.A.A., INC.  
(Name of Corporation)

F02124, a corporation organized under the laws of the State of  
(Document Number, if known)  
**FLORIDA**

  
(Signature of resigning officer/director)

FILED  
16 AUG 15 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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