(Requ	uestor's Name)
(Addre	ess) ,
(Addre	ess)
(12)	•
(0)	0 0
(City/S	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Door	ument Number)
(1000)	intent Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:
Special instructions to Fil	ling Oncer.





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COVER LETTER

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TO: Amendment Section Division of Corporations	
SUBJECT: MAIKEL F CORPORATION	NC
(Name of Corpora	ation)
DOCUMENT NUMBER: F16000005583	
The enclosed Resignation of Registered Agent for a Corpo	oration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Krystal Beckner	
(Name of Person)	_
Assistant Secretary	
(Name of Firm/Company)	_
850 New Burton Rd, Suite 201	
(Address)	
Dover, DE 19901	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Invoice Team 3, 866	,621-3524
(Name of Person) at (Area Coc	le & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	509,	
Florida Statutes, the undersigned. COGENCY GLOBAL INC.		
(Name of Registered Agent)		
hereby resigns as Registered Agent for MAIKEL F CORPORATION		
(Name of Corporation)		
F16000005583		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know	vn address.	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	on which	
Krystal Beckner		
(Signature of Resigning Agent)		
If signing on behalf of an entity:	s 21	
Krystal Beckner	DIBOCT 29 SECRETAR TALLAHI	
(Typed or Printed Name)	T 29	grand or
Assistant Secretary	SSEE	
(Capacity)	TIA I	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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