J88748

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	ne #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



800280804088

0172776-808-04088

SECRETARY OF STATE

JAN 2 2 2016 C. CARROTHERS

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MAichentherg + ASSOCIATOS INC. (Name of Corporation)
DOCUMENT NUMBER: 188748
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Rowald Little (Name of Person)
(Name of Firm/Company)
75) Renogade LA. (Address)
PORT ORANGE ED. 32127 (City/State and Zip Code)
For further information concerning this matter, please call:
ROUALD ULLY at (386) 788-1635 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

CR2E044 (05/13)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Roward Livy	, hereby resign as <u>Vico</u> $\overline{\downarrow}$	resident SD
V1 ,	Associates INC:	,
(Document Number, if known)	, a corporation organized under the laws	of the State of
Florida		
Lonald	Signature of resigning officer/director)	2016 JAN 2 SECRETATIALLAHAS
		JAN 21 PH 8: PRETARY OF STA- AHASSEE, FLOR

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