(Re	questor's Name)			
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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: MAAR INVESTMENTS LLC Name of Limited Lic	skility Company
	tomy Company
DOCUMENT NUMBER: 1.20000000724	
The enclosed Resignation of Registered Agent for a Liftor filing.	mited Liability Company and fee are submitted
Please return all correspondence concerning this matte	r to the following:
Chelsea Chapman	
Name of Person	
Legaline Corporate Services, INC.	
Name of Firm/Company	
10601 Clarence Dr Ste 250	
Address	
Frisco, TX 75033-3867	
City/State and Zip Code	
ra@legalinc.com	
E-mail address: (to be used for future annual report notifica	ition)
For further information concerning this matter, please	call:
Chelsea Chapman \$44	386-0178
	Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.0115, Florida Sta	tutes, the undersigned.	
Legaline Corporate Servi	ces, INC.	, hereby resigns as	
	Name of Registered Agent		
Registered Agent for M	AAR INVESTMENTS LLC		
	Name of Limited Liability Co	ompany	 ,
1.20000000724			
Document Nu	mber, if known		
A copy of this resignation	on was mailed to the above listed li	mited liability company at its last known addre	ess.
The agency is terminate If signing on behalf of a	Chulsen Chap Signature of R	edigning Agent Name Princes, INC.	
	Typed or Printed 1	Name SS T	, III
	On Behalf of Legaline Corporate Se	rvices, INC. 紹名 コ	
	Capacity FILING FEES: S \$5.00 Active limi S \$25.00 Administra	ted liability company tively dissolved/	12
	withdrawn	limited liability company	

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