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| (Re | equestor's Name) | | |
|---|--------------------|-----------------|--|
| (Ad | dress) | | |
| (Ad | ldress) | <u></u> | |
| (Cit | ty/State/Zip/Phone | . #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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TRANSMITTAL LETTER

MAIPU INC **SUBJECT:** (Name of Corporation) P1000044603 DOCUMENT NUMBER: The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FRANCISCO J. IRIBARREN (Name of Person) MAIPU INC (Name of Firm/Company) LA PETITE CT (Address) NAPLES FL 34104 (City/State and Zip Code) For further information concerning this matter, please call: FRANCISCO J. IRIBARREN (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E044 (05/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| _{I,} MARIA E. IRIBARREN | | , hereby resign as PRESIDENT (Title) |
|--|------------------|--|
| of MAIPU II | VC | . (Tiue) |
| | (Name of Corpora | ation) |
| P01000044603 (Document Number, if known) | , a corp | oration organized under the laws of the State of |
| FLORIDA | | |
| | | |
| | | |

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314