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COVER LETTER

	Division of Corporations
SUBJE	CT: AY MAYA INES INC. (Name of Corporation)
DOCUN	MENT NUMBER: 201 0000 77127
	osed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
6	(Name of Person)
<u> 4</u>	(Name of Firm/Company)
119	18/ SW 40 St. (Address)
1	(City/State and Zip Code)
For furtl	ner information concerning this matter, please call:
<u>G</u> 1.	(Name of Person) at (305) 408-6904 (Area Code & Daytime Telephone Number)
Encloses or \$35.0	d is a check made payable to the Florida Department of State for \$87.50 for an active corporation of for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Division Clifton I 2661 Ex	nent Section Amendment Section of Corporations Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Mario Hernande Z (Name of Registered Agent)
hereby resigns as Registered Agent for AY MAMA Inc., (Name of Corporation)
POISOUO 77127 (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent) If signing on behalf of an entity:
(Typed or Printed Name) (Typed or Printed Name)
(Capacity)

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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