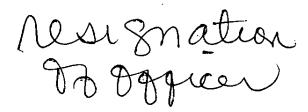
P03000031934

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

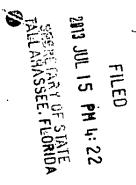
Office Use Only



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07/15/13--01014--005 **35.00



1/1/13

TRANSMITTAL LETTER

Division of Corporations

SUBJECT: MARY JACOBSEN JUTERIORS LIVE
(Name of Corporation)

DOCUMENT NUMBER: PO300031934

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward MAPAS
(Name of Person)

(Name of Firm/Company)

1201 S.W. HEATHER St.,
(Address)

Port St. WC/E FL 34983 (City/State and Zip Code)

For further information concerning this matter, please call:

MARY TACOBSEN at (772) 871 23 93 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

TO:

Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ţ

FILED

2013 JUL 15 PM 4: 22

Edgard A UMEAS	SEERL WRY OF STATE TALLAHASSEE, FLORIDA
i, Edward MARAS	, hereby resign as(Title)
	(1.113)
PD_3606031934 a col	TOTERIORS, Tho:
(Document Number, if known), a col	poration organized under the laws of the State of
FloridA	

(Signature of resigning officer/director)

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