(R	equestor's Name)	<u> </u>
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nan	ne)
(D	ocument Number)	
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COVER LETTER

SUBJECT: MARABELLA INVESTMENT GROUP, INC (Name of Corporation)
DOCUMENT NUMBER: PO 30000 56 269
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARAKELH TOUR STORAGE GO
MARABELLA JAVESTMENT GP (Name of Firm/Company)
2208 SE 24 TERRACE (Address)
OCACA FL 3447/ (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (352) 209 1900 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	John SAMUEL	, hereby resign as	Durch	U/L	
of_	MARA BELLA	Investment of Corporation)		(Title)	
	(Document Number, if known)	, a corporation organized ur	der the laws of	the State of	
	FLORIDA	<u>_</u> .			
		Signature of resigning officer/direct	tor)	2008 HAY 30 SECRETAR TALLAHASS	
]	FILING FEE IS \$35.00		130 AM 9: 07 TARY OF STATE HASSEE, FLORID	D

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

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