

P04000039678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

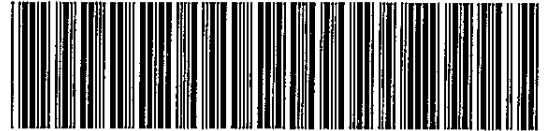
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100032605921

04/14/04--01041--018 **35.00

FILED
04 APR 14 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

o/p Res
CRB
4/21

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: maximovitch Corporation.
(Name of Corporation)

DOCUMENT NUMBER: P04000039678

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

Please return all correspondence concerning this matter to the following:

Konstantin Maximowitsch
(Name of Person)

MAXimovitch Corporation.
(Name of Firm/Company)

906 W Hallandale Bch Blvd. #164.
(Address)

Hallandale Beach, FL. 33009.
(City/State and Zip Code)

For further information concerning this matter, please call:

Konstantin Maximowitsch at (486) 597 2602.
(Name of Person) (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

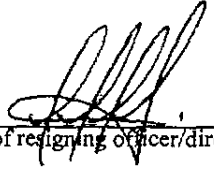
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Konstantin Maximowitsch hereby resign as Director.
(Title)

of Maximovitch Corporation.
(Name of Corporation)

P04000039678 a corporation organized under the laws of the State of
(Document Number, if known)
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

FILED
04 APR 14 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA