## P05000010424

(Requestor's Name)		
(Address)		
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	<del>: #</del> )
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

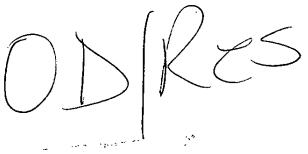
Office Use Only



900278405209

10/29/15--01005--017 \*\*35.00





OCT 3 0 2015

& ALBRITTON

## TRANSMITTAL LETTER

. #42

**TO:** Amendment Section Division of Corporations

SUBJECT: MAC-ACCESS, CORP.

(Name of Corporation)

DOCUMENT NUMBER: P05000070424

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

Please return all correspondence concerning this matter to the following:

MAURIZIO PRATTICO

(Name of Person)

MAC-ACCESS, CORP.

(Name of Firm/Company)

10800 BISCAYNE BLVD., STE. 770

(Address)

MIAMI, FLORIDA 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

MAURIZIO PRATTICO

,,305 \29

(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
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, MAXIMO V. WULLICH	PRESIDENT
	(Title)
<sub>of</sub> MAC-ACCESS, CORF	
(Name of Con	poration)
P05000070424  (Document Number, if known), a co	orporation organized under the laws of the State of
FLORIDA	
	re of resigning officer/director)  SECRETARY OF TALLAHASSEE. F
FILIN	G FEE IS \$35.00

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

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