

P06000081480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

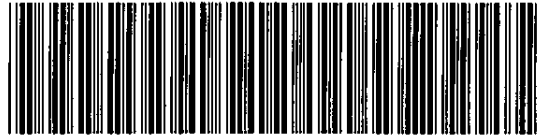
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700116763957

02/22/08--01014--029 **35.00

FILED

08 FEB 22 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Officer Resign
Erin Murphy
2/22/08*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAURUB, INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000081480

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

Please return all correspondence concerning this matter to the following:

BARBARA HERNANDEZ, CPA
(Name of Person)

BARBARA HERNANDEZ, P.A.
(Name of Firm/Company)

8600 NW SOUTH RIVER DRIVE #101
(Address)

MIAMI, FLORIDA 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA HERNANDEZ at (305) 885-5099
(Name of Person) (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

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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, RUBEN IRIGOYEN, hereby resign as DIRECTOR
(Title)

of MAURUB INC
(Name of Corporation)

P06000081480, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
08 FEB 22 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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