P08000035250

(Re	questor's Name)	.
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(2)	I N I I I	
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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		24th

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RA Perign.
02-26-14

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: MARIA INTERNATIONAL CON (Name of Corporation)	MPANY
DOCUMENT NUMBER: P08000035250	
The enclosed Resignation of Registered Agent for a Corporation and	fee are submitted for filing.
Please return all correspondence concerning this matter to the follow	ving:
Brenna Lutter	
(Name of Person)	1
BizFilings	E z ng
(Name of Firm/Company)	
8040 Excelsior Dr Ste 200	
(Address)	
Madison, WI 53717	
(City/State and Zip Code)	
For further information concerning this matter, please call:	or furl
Brenna Lutter at 608 827	-7622
(Name of Person) (Area Code & Daytir	ne Telephone Number)
Enclosed is a check made payable to the Florida Department of State or \$35.00 for an administratively dissolved, voluntarily dissolved or	

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

CR2E046 (04/12)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Business Filings Incorporated	
(Name of Registered Agent)	
hereby resigns as Registered Agent for MARIA INTERNATIONAL COMPANY	
(Name of Corporation)	
P08000035250	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	
Blennog Signature of Resigning Agent)	
If signing on behalf of an entity:	
Brenna Lutter	
(Typed or Printed Name)	
(Typed of Timines (Valley)	• 1
Asst. Secretary	<u> </u>
(Capacity)	
Fee for filing this document: \$87.50 - Active Corporation	
\$35.00 - Administratively dissolved/voluntarily dissolved/	
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Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation