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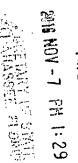
(Re	equestor's Name)	.
(Ad	ldress)	<u> </u>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MARENAS 2102, IAC (Name of Corporation)
DOCUMENT NUMBER: 11 0000 87729
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
NASIELSKY MAURICIO (Name of Person)
MARENAS (Name of Firm/Company)
18683 COLLIAS AUE #2203
SUMY ISles Deh, FL, 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 998-8366 (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

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	MAURicio NASiELSKY, hereby resign as PTD (Title)
of	MARENAS 2102, INC (Name of Corporation)
	Occument Number, if known), a corporation organized under the laws of the State of
	PLORIDA
	M NASIELSKY (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