

P/30000 72233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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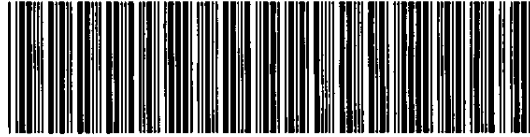
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
15 MAR 31 PM 2:03

APR 03 2015
T. CARTER

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MJA PROFESSIONAL SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: P13000072233

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

Please return all correspondence concerning this matter to the following:

MARTA ALVAREZ-JACINTO

(Name of Person)

MJA PROFESSIONAL SERVICES

(Name of Firm/Company)

5321 SW 87 AVE

(Address)

MIAMI, FLORIDA 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

Marta Alvarez-Jacinto at **(305) 726-3351**

(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**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

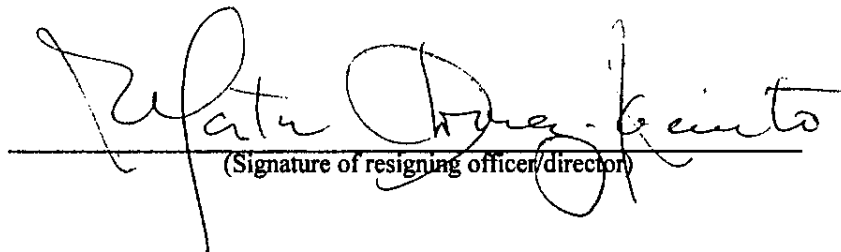
15 MAR 31 PM 2:03

I, Marta Alvarez-Jacinto, hereby resign as Director
(Title)

of MJA Professional Services, inc.
(Name of Corporation)

P13000072233, 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