

P14000007603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

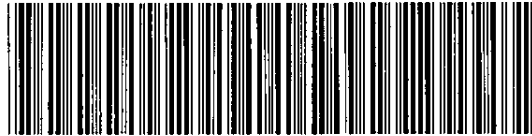
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
15 APR 21 PM 1:58

C.L.
4-28-15

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAX VOS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P14000007603

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

Please return all correspondence concerning this matter to the following:

Patricia Lynch

(Name of Person)

(Name of Firm/Company)

43410 Hossin' Around Lane

(Address)

Altoona, FL 32702

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Lynch

(Name of Person)

at (352) 504-9345

(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

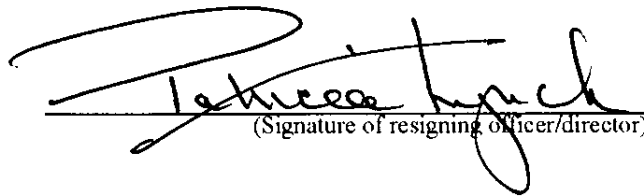
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Patricia Lynch, hereby resign as Officer/Director Title S
(Title)

of MAX VOS, INC.,
(Name of Corporation)

P14000007603, 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

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE