

P 150000 10762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

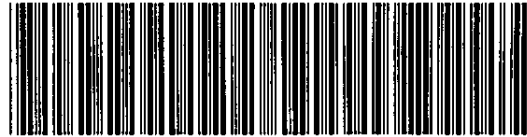
(Business Entity Name)

(Document Number)

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15 FEB 12 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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FEB 17 2015  
T. LEMMEUX

*Handwritten signature*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAPCA SERVICES CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000010762

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

Please return all correspondence concerning this matter to the following:

**DEBORAH DE LA BLANCA**

(Name of Person)

**MAPCA SERVICES CORPORATION**

(Name of Firm/Company)

**4009 N. CYPRESS DR. NO. 103**

(Address)

**POMPANO BEACH, FL 33069**

(City/State and Zip Code)

For further information concerning this matter, please call:

**DEBORAH DE LA BLANCA** at **954 625-0315**

(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

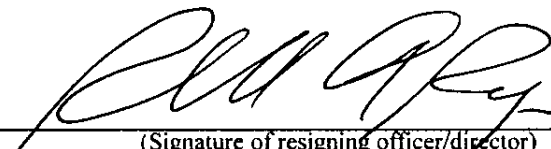
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CARLOS M. GARCIA, hereby resign as VPST  
(Title)

of MAPCA SERVICES CORPORATION,  
(Name of Corporation)

P15000010762, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)  
02/07/2015

**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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