

PT 000064888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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09/28/15--01004--008 **35.00

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Maravillas de Espana, Inc
(Name of Corporation)

DOCUMENT NUMBER: P15000064888

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

Please return all correspondence concerning this matter to the following:

Madelaine de Armas

(Name of Person)

Maravillas de Espana, INC

(Name of Firm/Company)

14275 NW 21 STREET

(Address)

PEMBROKE PINES, FL 33028

(City/State and Zip Code)

For further information concerning this matter, please call:

Madelaine de Armas at **(305) 984-8258**
(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

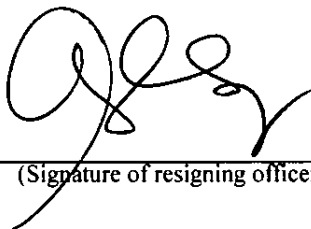
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Ada Alvarez, hereby resign as Officer
(Title)

of Maravillas de Espana, INC
(Name of Corporation)

P15000064888, 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