PROCOUPS

(Requestor's Name)		
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only -



500302715845

08/23/17--01021--006 **70.00

AUG 2 5 2017 S. YOUNG FILE D
SECRETARY OF STATE
SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Maria and Odette Inc

(Name of Corporation)

DOCUMENT NUMBER: P16000041195

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

Please return all correspondence concerning this matter to the following:

Juan N Rafidy

(Name of Person)

Maria and Odette Inc

(Name of Firm/Company)

1638 Debut Lane

(Address)

Winter Garden, FL 34787

(City/State and Zip Code)

For further information concerning this matter, please call:

Juan N Rafidy

,,407 \401-586

(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

_ւ Maria H Rafidy	, hereby resign as President	
7	(Title)	
of Maria and Odette Inc		
P16000041195	Corporation) a corporation organized under the laws of the State of	
Florida		
	1	
(Sign	Avgvst 1, 2017 The standard of resigning officer/director) Avgvst 1, 2017	
FIL	ING 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