

P170000050106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MACA GROUP, INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P17000050106  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

ALEJANDRA C GORRIN

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

9896 SW 1ST TER

\_\_\_\_\_  
(Address)

MIAMI FL 33174

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL MONTOUTO                      305                      609-9439  
\_\_\_\_\_  
(Name of Person)                      at (\_\_\_\_\_)                      (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, ALEJANDRA C GORRIN, hereby resign as S / T  
(Title)

of MACA GROUP, INC  
(Name of Corporation)

P17000050106

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

\_\_\_\_\_  
(Signature of resigning officer/director)

**FILED**  
29 OCT -3 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

**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