P20000030509

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800370293218

07/29/21--01014--003 **35.00



C KILDE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Max World Inc. (Name of Corporation)
DOCUMENT NUMBER: P 20000 0 3050 9
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Cristian Rojas (Name of Person)
Andla Deuise Delgo CNAPA (Name of Firm/Company)
90 leles SE 10th St #201 (Address)
Drevield Brach R 33441 (City/State and Zip Code)
For further information concerning this matter, please call:
Angla Dalson at (934) 24.231 8 (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Cightan Rosa , hereby resign as Pr	Esident (Title)
of Max Wad Inc. (Name of Corporation)	,
12000030509 a corporation organized under the (Document Number, if known)	ne laws of the State of
- Flonda	
(Signature of resigning officer/director)	FILED 2021 JUL 29 AH 8: 3: SECACIANY OF STATE TALLAMASSEE, FL

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