## P22000036144

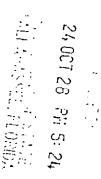
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000438489440

10/28/34--01038--018 \*\*35.00



## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: MACRENA CO	,
DOCUMENT NUMBER: 220	000 36/44
The enclosed Officer/Director Resignatio	n for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ng this matter to the following:
THOMAS MACON (Name of Person)	<del></del>
MACRENA CORPORATI (Name of Firm/Company)	in N
6330 GREEN RD (Address)	
LAKELAND FL 3381 (City/State and Zip Code	<u>O</u>
For further information concerning this m	atter, please call:
THOMAS MACON (Name of Person)	at (440 ) 453-4724 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	ible to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, THOMAS MACON	, hereby resign as PRESEDENT, DSRECTOR
of MACRENA CONFOR	FT TON
722000 36/44 (Document Number, if known)	a corporation organized under the laws of the State of
FLORIDA	
(Sig	pature 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