

P93 000050603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

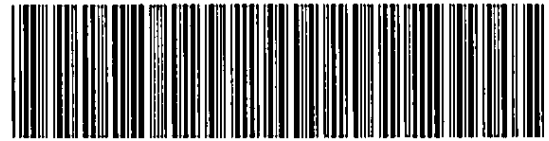
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 09/18/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

MAUCHEN GROUP, INC

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: NOT KNOWN

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

Please return all correspondence concerning this matter to the following:

CHRISTINA LYONS, PRESIDENT

(Name of Person)

MAUCHEN GROUP, INC

(Name of Firm/Company)

4 CRESCENT DRIVE

(Address)

TOMS RIVER, NJ 08757

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINA LYONS, PRESIDENT 954 330 3542

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

MAURICIO F. DEFENDI

OFFICER

I, _____, hereby resign as _____
(Title)

MAUCHEN GROUP , INC.

of _____
(Name of Corporation)

NOT KNOWN

_____, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Mauricio F DeFendi

(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

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