P9500064172

(Requ	uestor's Name)	
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10%	^\- <u></u>	- 40
(City/	State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doci	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: MAIHOLDINGS	S, INC. (Name of Corporation)	
DOCHMENT MUMBED.	, ,	
DOCUMENT NUMBER:	P95000064172	
The enclosed Resignation of Regis	stered Agent for a Corporation and fee are submitted for filing	ng.
Please return all correspondence co	oncerning this matter to the following:	
Karen Loraine (Name of Per		
(Name of Per	son)	
GrayRobinson, P.A.		
(Name of Firm/C	ompany)	
1795 W. Nasa Blvd. (Address)	
Melbourne, FL 32901 (City/State and Z	in Code)	
For further information concerning	• ,	
Michelle Deering (Name of Person)	at (321) 727-8100 (Area Code & Daytime Telephone Number)	
Enclosed is a check made payable or \$35.00 for an administratively of	to the Florida Department of State for \$87.50 for an active dissolved, voluntarily dissolved or withdrawn corporation.	corporation
Street Address: Amendment Section	Mailing Address: Amendment Section	
Division of Corporations	Division of Corporations	25 25
Clifton Building 2661 Executive Center Circle	Post Office Box 6327 Tallahassee, FL 32314	(25) = 1
Tallahassee, FL 32301	(Miningsoo, 1 is 52517	PR (2007)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, or 617.1309,
Florida Statutes, the undersigned, Patrick Healy
(Name of Registered Agent)
hereby resigns as Registered Agent for MAIHOLDINGS, INC.
(Name of Corporation)
P95000064172
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
(Signature of Resighing Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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