

P95000091909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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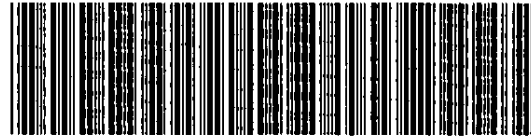
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MAX-RIGZ ENTERPRISES INC

(Name of Corporation)

**DOCUMENT NUMBER:** P95000091909

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

Please return all correspondence concerning this matter to the following:

**MAURICIO RIQUER**

(Name of Person)

**MAX-RIGZ ENTERPRISES INC**

(Name of Firm/Company)

**464 S FIG TREE LN**

(Address)

**PLANTATION FL 33317**

(City/State and Zip Code)

For further information concerning this matter, please call:

**MAURICIO RIQUER**

(Name of Person)

at ( 954 ) 962-9950

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Citifon Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, VILMA A. TAYLOR, hereby resign as DIRECTOR  
(Title)

of MAX-RIGZ ENTERPRISES, INC.  
(Name of Corporation)

P95000091909, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

FILED  
10 JUN 21 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

06/15/10  
STATE OF FLORIDA  
COMMY OF BRAVED

Maria Soledad

