P05000063151

(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

RA. Resign

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SMART SOLUTIONS MEDIA, INC. (Name of Corporation)
DOCUMENT NUMBER: P05000063151
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSE A. PINZON
(Name of Person)
SMART SOLUTIONS MEDIA, INC.
(Name of Firm/Company)
20500 W. COUNTRY CLUB DRIVE # 107
(Address)
AVENTURA, FL 33180
(City/State and Zip Code)
For further information concerning this matter, please call:
JOSE A. PINZON (Name of Person) at (305) 479-7777 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314
na la company de
To dates.

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.	1509,	
Florida Statutes, the undersigned, Pl	NZON, JESES H (Name of Registered Agent)		
hereby resigns as Registered Agent for	CNAADT COLLITIONS MEDIA INC		
P05000063151	(Name of Corporation)		
(Document Number, if known)			
A copy of this resignation was mailed t	o the above listed corporation at its last kno	wn address.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on which	
H-19	Markot.		
(Si	gnature of Resigning Agent)	=	
If signing on behalf of an entity:		08 AUG SECRET	entirelle Telegraphics
PINZON, JESES	Н	G I 8 TARY	Section 1
	(Typed or Printed Name)	A A	Endad 4
RESIGNING AGE	ENT	IIO: 29 SIAII FLORID	Ö
	(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withdrawn corporation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