## P15000076816

| (Reque                        | stor's Name)   |             |
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| PICK-UP                       | WAIT           | MAIL        |
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| (Busine                       | ess Entity Nai | me)         |
|                               |                |             |
| (Docun                        | nent Number)   | <u> </u>    |
|                               |                |             |
| Certified Copies              | Certificate:   | s of Status |
|                               |                |             |
|                               |                |             |
| Special Instructions to Filir | ng Officer;    |             |
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Please return all correspondence concerning this matter to the following:

| Maria Gentile             |   |
|---------------------------|---|
| (Name of Person)          | - |
|                           |   |
| (Name of Firm/Company)    |   |
| 1680 Michigan av. ste 700 |   |
| (Address)                 | - |
| Miami Beach/FL/33139      |   |
| (City/State and Zip Code) | - |

For further information concerning this matter, please call:

| Maria Gentile    | <sub>at (</sub> 786 | 3992940                     |
|------------------|---------------------|-----------------------------|
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,                               |            |
|---|------------|
| Florida Statutes, the undersigned, Maria Gentile  |            |
| (Name of Registered Agent)  |            |
| hereby resigns as Registered Agent for ETIQUETA LATINA INC.   |            |
| (Name of Corporation)   |            |
| P15000076816  |            |
| (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)  | 3r-<br>.a  |
| (Signature of Resigning Agent)  If signing on behalf of an entity:  | - 1<br>- 1 |
| (Typed or Printed Name)   | ا<br>الباغ |
| (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