P15000081194

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
DIGICALID DAVAIT DAVAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300290287993

10/19/16--01015--018 **35.00

16 OCT 19 AM 11: 14

OCT SO JOH

COVER LETTER

TO: Amendment Section Division of Corporations

 $_{
m ECT}$:3602 MUS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P15000081194

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:

PABLO MUNOZ DE COTE

(Name of Person)

(Name of Firm/Company)

444 BRICKELL AVE SUITE 760

(Address)

MIAMI, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

PABLO MUNOZ DE COTE

_{at} 305 \ 400-0932

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CC: Pablo Muñoz de Cote

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, PORTSMOUTH & SHEFFIELD, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for 3602 MUS, INC.

(Name of Corporation)

P15000081194

(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.

If signing on behalf of an entity:

JAIME PARLADE

(Typed or Printed Name)

·

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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