594936

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MIAMI BEACH M.	ANAGEMENT COMPANY, INC. (Name of Corporation)
DOCUMENT NUMBER:	594936
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing.
Please return all correspondence of	concerning this matter to the following:
LIONEL BARNET, ESQUI	RE erson)
LAW OFFICE OF LIONEL (Name of Firm/0	BARNET, P.A. Company)
9100 South Dadeland Bou (Address	
Miami, Florida 33156 (City/State and 2	Žip Code)
For further information concerning	g this matter, please call:
LIONEL BARNET (Name of Person)	at (305) 670-7887 Ext. 2 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade payable to the Florida Department of State.
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 607.030	J2(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	MICHAEL L. LIMOND (Name of Registered Agent)	
hereby resigns as Registered Agent forM	IAMI BEACH MANAGEMENT COMPANY, INC (Name of Corporation)	
594936		
(Document Number, if known)		
A copy of this resignation was mailed to the a	above listed corporation at its last known address.	
this statement is filed.	ntinued on the 31st day after the date on which of Resigning Agent)	
If signing on behalf of an entity:		
MIAMI BEACH MA	anabement Co., Inc	
President	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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