

672982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

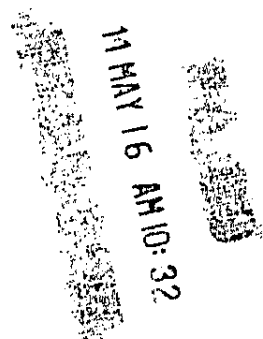
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05/16/11--01007--026 **35.00



Old Resign.

05/25/11

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRICKELL MAIL RECEIVING, INC
(Name of Corporation)

DOCUMENT NUMBER: 672982

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

Please return all correspondence concerning this matter to the following:

MARTIN MEDINA
(Name of Person)

BRICKELL MAIL RECEIVING, INC
(Name of Firm/Company)

444 BRICKELL AVE, SUITE P51
(Address)

MIAMI, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

MARTIN MEDINA at (305) 759-9148
(Name of Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

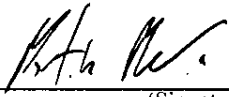
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MARTIN MEDINA, hereby resign as TREASURER, DIRECTOR
(Title)

of BRICKELL MAIL RECEIVING, INC.
(Name of Corporation)

672982, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

MAY 16 AM 10:32
FILED

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