61.5902

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ad | ldress) | |
| (Ad | dress) | <u></u> |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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05 SEP 12 PM 4: 38
ALLAHASSEE, FLORIDA

15 9/27/05 RA BOS.

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | |
|---|---|
| SUBJECT: Properties of Hamilton, Inc. (Name of Corporation) | |
| DOCUMENT NUMBER: G15902 | |
| 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: | |
| William J. Jones | |
| (Name of Person) | |
| SunTrust Bank, Miami | |
| (Name of Firm/Company) | |
| 777 Brickell Avenue, Suite 200 | |
| (Address) | |
| Miami, FL 33131 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| William J. Jones at (305) 579-7125 (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. | n |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 | |

FILED

RESIGNATION OF REGISTERED AGENUS SEP 12 PM 4:38

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|---|
| Florida Statutes, the undersigned, Arnaldo Perez |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for Properties of Hamilton, Inc. |
| (Name of Corporation) |
| G15902 |
| (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) |
| If signing on behalf of an entity: |
| Arnaldo Perez |
| (Typed or Printed Name) |
| |
| (Canacity) |

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