K05427

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALL AHASSEY OF STATE

R.A. Resign.

TB

OCT 240 2010

COVER LETTER

Division of Corporations
SUBJECT: Muntey Bay CAFE TIX DBA CABANA COVE (Name of Corporation)
DOCUMENT NUMBER: <u>205427</u>
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:
Robert Hernandez (Name of Person)
Montey of Bay Company) (Name of Firm/Company)
2410 NW 43-5+ (Address)
GAINESVILLE SU 32666 (City/State and Zip Code)
For further information concerning this matter, please call:
1 Ave M. Buld at (352) 377-3278 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, or 617.15	.// .
FOR A CORPORATION	10
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	140 S2
Florida Statutes, the undersigned, (Name of Registered Agent)	8/6;
hereby resigns as Registered Agent for Municipal Bay Cife Troc. (Name of Corporation)	
(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.	
7//6/	
(Signature of Resigning Agent) If signing on behalf of an entity:	·
The signing on oction of an entity.	\-
(Typed or Printed Name)	
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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