

K14930

Cohen Chase Hoffman

Requestor's Name

#600, 9400 South Dadeland Blvd

Address

Miami Fl 33156

City/State/Zip

Phone #

600002595156--1
-07/22/98--01006--028
Office Use Only *****35.00 *****35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RA 722-98
K14930
208

Examiner's Initials	
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Florida Department of State, Sandra B. Mortham, Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, **ALAN R. CHASE**, hereby resigns as Registered Agent for **MIAMI ARTHROSCOPY RESEARCH, INC.**

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.


ALAN R. CHASE

Fee for filing this document:
\$35 - Administratively dissolved corporation

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