K30957

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(Only Suid-Light Hollow)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Gaiteria Florida II, Inc. (Name of Corporation)
DOCUMENT NUMBER: K30957
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:
Pedro A. Martin
(Name of Person)
Greenberg Traurig, P.A.
(Name of Firm/Company)
1221 Brickell Avenue
(Address)
Miami, FL 33131 (City/State and Zip Code)
For further information concerning this matter, please call:
Pedro A. Martin at (305) 579-0545 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
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 pro	ovisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.15	509,	
Florida Statutes, tl	he undersigned, Pe	edro A. Martin		
	• —	(Name of Registered Agent)		_
hereby resigns as 1	Registered Agent for	Gaiteria Florida II, Inc.		
, 5 3 W 5 W		(Name of Corporation)		
K30957				
(Document N	Number, if known)			
A copy of this resi	ignation was mailed to	o the above listed corporation at its last know	n addres	ss.
The agency is tern this statement is fi	iled.	discontinued on the 31st day after the date or	which	
	$\mathcal{L}^{(\mathrm{Si}_{i})}$	gnature of Resigning Agent)	8	П
If signing on beha	lf of an entity:	SAN	35 / O	
-	Pedro A. Martin		PH IO:	O
	(Typed or Printed Name)	17.7	
_	Registered Agent		2 -	. •
_		(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withdrawn corporation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