## L01000017954

	•	
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone #)	<u> </u>
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name)	
~		
(Doc	ument Number)	
Certified Copies	Certificates of	Status*
Special Instructions to F	iling Officer:	
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RA Resign		
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SECKETARY OF STATE

## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

CDA 7710 AAANA	CEMENT II.C	
SUBJECT: SPAZZIO MANA	(Name of Limited Liability	Company)
DOCUMENT NUMBER: L01	•	
The enclosed Resignation of Reg for filing.	istered Agent for a Limited	Liability Company and fee are submitted
Please return all correspondence	concerning this matter to th	e following:
Pedro A. Martin	٠.	•
(Name of P	erson)	•
Greenberg Traurig, P.A.		
(Name of Firm/	(Company)	
1221 Brickell Avenue		·
(Addres	ss)	•
Miami, FL 33131		
(City/State and	Zip Code)	
For further information concerning	ng this matter, please call:	
Pedro A. Martin	at ( 305	) 579-0545 e & Daytime Telephone Number)
(Name of Person)	. (Area Code	e & Daytime Telephone Number)
Enclosed is a check made payable liability company or \$25.00 for a liability company.	e to the Florida Department n administratively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399	

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or	r 608.509, Florida Stat	nutes, the undersigned,	•	
PEDRO A. MART	'IN		_, hereby resigns as		
	(Name of Registered Agent)				
Registered Agent for _	SPAZZIO MANAGEM	ENT, LLC		<u>.                                    </u>	-
	(Name of Limited	Liability Company)			ب
L01000017954					
(Document Nur	mber, if known)	•			
A copy of this resignat	ion was mailed to the above	e listed limited liability	y company at its last ki	nown address.	ı
The agency is terminat	ed and the office discontinu	of Resigning Wgent)	er the date on which the	nis statement i	s filed.
If signing on behalf of	an entity:			7	
	PEDRO A. MARTIN	١		SEC SEC	) }
•	(Typed REGISTERED AGE	or Printed Name) ENT		CRETAK)	
	(0	Capacity)		<u> </u>	Ü
	FILING FEI	<u>ES:</u>		PM 12: 54 OF STATE E. FLORIDA	
	\$ 85.00 Ac \$ 25.00 Ac W	ctive limited liability of dministratively dissoluithdrawn limited liabi	company ved/ voluntarily dissol ility company	lved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314