(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·		
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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUB.	JECT: PRONI HOLDINGS, II	NC. (Name of Corporation	on)	
	NA212	*	,,	
DOC	CUMENT NUMBER: M4313	<u> </u>		
The e	enclosed Resignation of Register	red Agent for a Corpora	tion and fee are submitted for	filing.
Pleas	se return all correspondence con-	cerning this matter to the	e following:	
Ped	dro A. Martin			
	(Name of Person	a)		
Gre	eenberg Traurig, P.A.			
	(Name of Firm/Com	ipany)		
122	21 Brickell Avenue			
	(Address)		,	
Mia	ami, FL 33131			
-	(City/State and Zip	Code)		
For fi	further information concerning th	nis matter, please call:		
Ped	dro A. Martin	at (305	579-0545 & Daytime Telephone Number)	
	(Name of Person)	(Area Code	& Daytime Telephone Number)	•
Enclo or \$3	osed is a check made payable to 35.00 for an administratively diss	the Florida Department solved, voluntarily disso	of State for \$87.50 for an action of State for withdrawn corporation	ive corporation n.
Amer Divis Clifto 2661	et Address: endment Section sion of Corporations on Building Executive Center Circle shassee, FL 32301	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	18	

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

* * · · *

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 617.150	09,
Florida Statutes, the undersigned,	Pedro A. Martin	
	(Name of Registered Agent)	
hereby resigns as Registered Agent f	or PRONI HOLDINGS, INC.	_
netery reading as registered rights	(Name of Corporation)	
M43135		
(Document Number, if known)		
A copy of this resignation was maile	d to the above listed corporation at its last known	address.
The agency is terminated and the off	ice discontinued on the 31st day after the date on	which
this statement is filed.	Mate	OF AUG 22 SECHE JAR
ľ	(Signature of Resigning Agent)	
If signing on behalf of an entity:	5	22 22 23
Pedro A. Martir		M M D
	(Typed or Printed Name)	矛≥ —
Registered Age	ent	DE 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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