## M59917

•	•			
(Reque	estor's Name)			
•				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Docur	nent Number)	!		
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R.A. Resign

C. Coullione AUG 2 4 2006

## **COVER LETTER**

SUBJECT: LATIN AMERICAN 107TH AVENUE, II	NC.
(Name of Corp	poration)
DOCUMENT NUMBER: M59917	
The enclosed Resignation of Registered Agent for a Co.	rporation and fee are submitted for filing.
Please return all correspondence concerning this matter	to the following:
PEDRO A. MARTÍN	
(Name of Person)	<del></del>
GREENBERG TRAURIG, PA	
(Name of Firm/Company)	
1221 BRICKELL AVENUE	
(Address)	
MIAMI, FL 33131	
(City/State and Zip Code)	The second secon
For further information concerning this matter, please c	all:
PEDRO A. MARTIN at ( 305	5 ) 579-0545
(Name of Person) (Area	Code & Daytime Telephone Number)
For further information concerning this matter, please c	5 579-0545 Code & Daytime Telephone Number) ment of State for \$87.50 for an active corporati

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

TO:

Amendment Section

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provision	ns of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.	1509,
Florida Statutes, the und	ersigned. PE	DRO A. MARTIN	
·		(Name of Registered Agent)	
hereby resigns as Registered Agent for		LATIN AMERICAN 107TH AVENUE, I	NC.
		(Name of Corporation)	
M59917			
(Document Number	, if known)	<del></del> .	* <del>*</del>
A copy of this resignation	on was mailed to	o the above listed corporation at its last know	wn address.
The agency is terminated this statement is filed.		discontinued on the 31st day after the date of gnature of Resigning Agent)	- <del>21</del>
If signing on behalf of a	*	,	2006 AUG
PEI	RO A. MART	IN	F   18
<del></del>	(	Typed or Printed Name)	ED A
REC	SISTERED AC	BENT	9: 11 TATE ORIDA
		(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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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