NO 3506

(Ď.	www.astawla MarsaN					
(KE	equestor's Name)					
(Address)						
(Ad	ldress)					
(Cir	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	☐ MAIL				
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(Business Entity Name)						
	- M - 1 - N					
(Do	ocument Number)					
Certified Copies	Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:					
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Port Mulabay Interchange Master Association
DOCUMENT NUMBER: NO3506
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:
(Name of Person)
Amy H Goldin PA (Name of Firm/Company)
10097 Cleary Blud # 70 (Address)
Plantation, F2 33324 (City/State and Zip Code)
For further information concerning this matter, please call:
Amy Goldin at (ASY) 915-6949 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

CR2E046 (04/12)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisi	ons of sections 607.0502	(2), 617.0502(2), 607.1509, o	r 617.1 5 09,	,	
Florida Statutes, the un	ndersigned, Am	(Name of Registered Agent)	<u> </u>		6
N 0350	<u> </u>	Port Malabor (Name of Corporation)	<u>Inte</u> Auro	change	, Maste
(Document Number	er, if known)				
A copy of this resignat	ion was mailed to the abo	ove listed corporation at its la	st known ac	ddress.	
The agency is terminat this statement is filed.	asel	inued on the 31st day after the	e date on w	hich	
If signing on behalf of	an entity:				
-	•		TARL A	20	
	(Typed or	Printed Name)	HASSEE, I	APR 21 P	
	(C	apacity)	STATE ANDA		

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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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