

**N04000004906**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

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☐ WAIT

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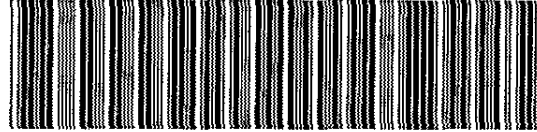
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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*Reg. Agent. Resign*  
G. Coullotte SEP 18 2006

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: COMITES MIAMI 2004 INC.  
(Name of Corporation)

DOCUMENT NUMBER: N04000054906

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARCELLA MANCA  
(Name of Contact Person)

COMITES MIAMI 2004 INC.  
(Firm/Company)

2575 COWING AVE. C-10  
(Address)

MIAMI BEACH, FL 33140  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rupert P. Puccia at (786) 395 2604  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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 provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, MARCELLA MANCA  
(Name of Registered Agent)

hereby resigns as Registered Agent for COMITES MIAMI 2004, INC.  
(Name of Corporation)

NO 1000004906  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

*Marcella Manca*  
(Signature of Resigning Agent)

If signing on behalf of an entity:

MARCELLA MANCA  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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TALLAHASSEE, FLORIDA

**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