(Requestor's Name)	
(Address)	000204793
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	04/29/1101054
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	יינו אינו אינו אינו אינו אינו אינו אינו
Special Instructions to Filing Officer:	





-018 **157.50



COVER LETTER

Yvonr	ne Silva at (954) 946-2022 (Name of Person) at (954) Daytime Telephone Number)
For fur	ther information concerning this matter, please call:
	(City/State and Zip Code)
Pomp	pano Beach, Florida 33060
	(Address)
98 E	McNab Rd., Ste 98
	(Name of Firm/Company)
Prog	ressive Training Centers, Inc
	(Name of Person)
Yvon	ne Silva
Please	return all correspondence concerning this matter to the following:
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
	MENT NUMBER: N06000002238
	(Name of Corporation)
SUBJI	ECT: Miami Florida University, Inc
	Division of Corporations

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	07.0302(2), 617.0302(2), 607.1309,	or 617.1309,
Florida Statutes, the undersigned, Yv	onne Silva	
	t)	
hereby resigns as Registered Agent for	Miami Florida University, Inc	_
nereey resigne as registered rigere for	(Name of Corporation)	 ,
N06000002238		
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its l	ast known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the	he date on which
Juonne	Silver-	
(Si _l	gnature of Resigning Agent)	
If signing on behalf of an entity:		2011 APR 29
	Typed or Printed Name)	R 29 PH 2
	(Capacity)	2

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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