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(Re	equestor's Name)	
(, 440000 0 1 141110,	
(Ac	idress)	
_ (Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

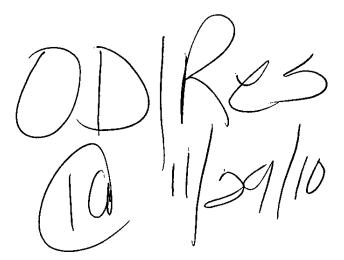


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SECRETARY OF STATE -SALLARASSEE, FLORIDA



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Miramar Canes Tra	vel Baseball, Inc.
SUBJEC1:	(Name of Corporation)
DOCUMENT NUMBER: NO8	00000581
The enclosed Officer/Director Resignation	gnation for a Corporation and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
Mercedes C.	Diaz
(Name of Pers	son)
Miramar Canes Trave	el Baseball, Inc.
(Name of Firm/Co	ompany)
780 Fallings Wat	er Road
(Address)	
Weston, Fl 33	326
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
Mercedes C. Diaz	at (954) 232-3204 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	e payable to the Florida Department of State. Check 1243
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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Pedro Acosta	, hereby resign as President	
*,	(Title)	
of_ Miramar Canes Travel Bas		,
(1)	Name of Corporation)	
N08000000581	, a corporation organized under the laws of the State of	•f
(Document Number, if known)		
Florida		
		
		₫.,,
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	(Signature of resigning officer/director)	5 至
		SECRETARY ALL AHASSE
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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314