N12573

| (Re | questor's Name) | |
|---|-------------------|-------------|
| (Ad | dress) | • |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



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05/01/17--01033--012 **87.50



S/N DV

COVER LETTER

| SUBJECT: (? | Name of Corpora | ation) |
|--|------------------|---|
| DOCUMENT NUMBER: N12572 | | |
| The enclosed Resignation of Registered Age | ent for a Corpo | ration and fee are submitted for filing |
| Please return all correspondence concerning | this matter to | the following: |
| Gus Ramirez | | |
| (Name of Person) | | _ |
| | | |
| (Name of Firm/Company) | | _ |
| 7900 Miami Lakes Drive | W. | |
| (Address) | | - |
| Miami Lakes, FL 33016- | 2897 | |
| (City/State and Zip Code) | · ······ | - |
| For further information concerning this matt | er, please call: | |
| Gus Ramirez | at (305 | 364-4118 |
| (Name of Person) | Area Coc | e & Daytime Telephone Number) |

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 provision | ons of sections 607.0302(2), 617.0302(2), 607.1309, of 617.1309, |
|--|--|
| Florida Statutes, the un | dersigned. Gus Ramirez |
| | (Name of Registered Agent) |
| hereby resigns as Regis | Miami Lakes Commerce Park-Section Nine Owners' Association, Inc. |
| norco y resigns as regio | (Name of Corporation) |
| N12572 | |
| (Document Number | r, if known) |
| A copy of this resignati | on was mailed to the above listed corporation at its last known address. |
| The agency is terminate this statement is filed. | ed and the office discontinued on the 31st day after the date on which |
| Χ | (Signature of Resigning Agent) |
| If signing on behalf of | in entity: |
| | (Typed or Printed Name) |
| | (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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