

N15000002333

May 18 2015 8:54am P000

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : LISETTE PIE SALAZAR PA
Account Number : I20120000076
Phone : (305)361-6161
Fax Number : (305)361-6168

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LPSALAZARLAW@aol.com

REGISTERED AGENT RESIGNATION
REAL MIAMI FUTBOL CLUB, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

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PA Resign

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Real Miami Futbol Club, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N1500002333

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:

Lisette Salazar, Esq.

(Name of Person)

(Name of Firm/Company)

200 Crandon Blvd. #311

(Address)

Key Biscayne, FL 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisette Salazar

(Name of Person)

at 305 361-6161

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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**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, Lisette Pie Salazar PA

(Name of Registered Agent)

hereby resigns as Registered Agent for Real Miami Futbol Club, Inc.

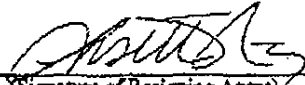
(Name of Corporation)

N1500002333

(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

Lisette Pie Salazar

(Typed or Printed Name)

Registered Agent

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporationMake checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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FILED
15 MAY 18 AM 8:59
TALLAHASSEE, FLORIDA
DIVISION OF STATE
ADMINISTRATIVE SERVICES