## N26123

(Re	equestor's Name)	
(Ac	ddress)	
(Ác	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
·		
	Office Use Only	



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01/14/09--01026--022 \*\*35.00

RA Resign

SECRETARY OF STATE SECRETARY OF CORPORATIONS

T. Roberts JAN 22 2009

## **COVER LETTER**

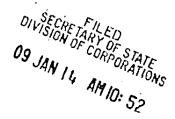
	(Name of Corporation)
DOCUMENT NUMBER:	- 1-1-7-184
The enclosed Resignation of Reg	istered Agent for a Corporation and fee are submitted for filing
Please return all correspondence	concerning this matter to the following:
MIRANDA, CLARA	
(Name of P	erson)
MIRAFLORES VILLAS CON	DOMINIUM ASSOC.,IN
(Name of Firm/	Company)
1791 W 58 STREET	
(Addres	(ss)
HIALEAH, FL 33012	
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
FRANK SOLER	at ( 305 ) 821-3478
(Name of Person)	at (305) 821-3478 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO: Amendment Section

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 607.	0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, SOLE	ER, FRANK (Name of Registered Agent)
hereby resigns as Registered Agent for	(Name of Corporation)
(Document Number, if known)	
A copy of this resignation was mailed to the	ne above listed corporation at its last known address.
this statement is filed.	Scontinued on the 31st day after the date on which ture of Resigning Agent)
If signing on behalf of an entity:	
FRAN (Ty)	ped 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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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