N94000002804

(Re	equestor's Name)	
(Ad	dress)	······································
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
_		
PICK-UP	WAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Special motivations to	i iiiig Oineer.	
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RA Resign

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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06/13/07--01029--020 **35.00

COVER LETTER

TO:	Amendment Section Division of Corporations
SUB	JECT: Miami Foundation for the Support of Amateur Gymnastics Competition (Name of Corporation)
DOC	CUMENT NUMBER:
The	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	se return all correspondence concerning this matter to the following:
Cra	aig Porter
	(Name of Person)
<u></u>	(Name of Firm/Company)
117	791 S.W. 190 terrace road
	(Address)
Mia	ami Florida 33177
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
Cra	ig Porter at (305) 238-9095 (Name of Person) (Area Code & Daytime Telephone Number)
Encl or \$3	osed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Ame Divis Clift 2661	et Address: Indian Section Indian Se

SECRETARY OF CHAIN FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15 Craig Porter Florida Statutes, the undersigned, (Name of Registered Agent) hereby resigns as Registered Agent for Miami Foundation for the Support of Amateur Gympastics Competition, Inc. N9400002804 (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. If signing on behalf of an entity:

RESIGNATION OF REGISTERED AGENT

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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