A. Garcia & Co. P.A. City/ Certified Public Accountant Dadeland Towers South 9500 South Dadeland Blvd. Suite 705 Miami, Fl. 33156 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1			
l	(Corporation Name)	(Document #)	
2	(Corporation Name)	(Document #)	
3	(Corporation Name)	(Document #) 900034341793 -10/20/0001098001 *****157.50 ******87.50	* _ * _ * = *
4	(Corporation Name)	(Document #)	
	Walk in Pick up time Mail out Will wait EW FILINGS Profit Not for Profit Limited Liability	Certified Copy Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent	
	Domestication Other	Dissolution/Withdrawal Merger Dissolution/Withdrawal	
<u>O</u>	THER FILINGS	REGISTRATION/QUALIFICATION	
	Annual Report Fictitious Name	Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	

Examiner's Initials

RESIGNATION OF REGISTERED AGENT

_ :. .. . ____

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509,	
Florida Statutes, the undersigned, RAU/ASCUA/ (Name of registered agent)		
hereby resigns as Registered Agent for MAMA THERESAS (Name of corporation)	Corp	
A copy of this resignation was mailed to the above listed corporation at its last known		
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which	
(Signature of resigning agent)	OO OCT	
If signing on behalf of an entity:	TARN ASSI	
RAUL PASCUAL	A A	
(Typed or Printed Name)	9: 05 STATE STATE	
V. President		- ·
(Capacity)		

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314