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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Miami Lakes Construction Corp. |
| (Name of Corporation) |
| DOCUMENT NUMBER: P02000100297 |
| 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: |
| Osvaldo J. Rubi |
| (Name of Person) |
| Miami Lakes Construction Corp. |
| (Name of Firm/Company) |
| 8615 N.W. 169 Terr. (Address) |
| Miami Lakes, Fla. 33016 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Osvaldo J. Rubi at (305-) 827-5378 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections of | 0/.0502(2), 01/.0502(2), 00/.1509, or 01/.1509, |
|--|--|
| Florida Statutes, the undersigned, Os | svaldo J. Rubi |
| , | (Name of Registered Agent) |
| hereby resigns as Registered Agent for | Miami Lakes Construction Corp. |
| | (Name of Corporation) |
| P02000100297 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to | o the above listed corporation at its last known address. |
| The agency is terminated and the office this statement is filed. | discontinued on the 31st day after the date on which |
| Quille | |
| If signing on behalf of an entity: | APR APR 2 A SSEE O |
| | Typed or Printed Name) Typed or Printed Name) OF STATE ORIGINAL INC. |
| | (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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