## P02769

| (Request                       | or's Name)      |                                       |
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| PICK-UP                        | WAIT            | MAIL                                  |
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| (Business                      | Entity Name)    |                                       |
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| (Docume                        | nt Number)      |                                       |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: MADING CORPORATION (Name of Corporation)   |
| DOCUMENT NUMBER: P02769   |
| ,   |
| 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:   |
| Pedro A. Martin   |
| (Name of Person)  |
| Greenberg Traurig, P.A.   |
| (Name of Firm/Company)  |
| 1221 Brickell Avenue  |
| (Address)   |
| Miami, FL 33131   |
| (City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| Pedro A. Martin  at (305) 579-0545  (Name of Person) at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## 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, Pedro A. Martin   |     |
| (Name of Registered Agent)   | •   |
| hereby resigns as Registered Agent for MADING CORPORATION LTD.   |     |
| (Name of Corporation)  |     |
| P02769   |     |
| (Document Number, if known)  | ٠   |
| 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:   | *   |
| Pedro A. Martin  (Typed or Printed Name)  ORFT APT CREET |     |
| m c  |     |
| Registered Agent Registered Agent  |     |
| (Capacity) 6 777   |     |

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