P04000001882

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
-	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	٦
eposition actions to 1 ming emission	ŀ
	١
	ı
	ı

Office Use Only

رسر



600132443916

07/16/08--01038--004 **87.50



RA Res. 58 7/22

COVER LETTER

TO: Amendment Section Division of Corporations	
Division of Corporations	
SUBJECT: ALL EVENT PRODUCTIONS CORPORATION	
(Name of Corporation)	
DOCUMENT NUMBER: P04000001882	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for file	ing.
Please return all correspondence concerning this matter to the following:	
GEORGINA BLANCO-ELIAS, ESQ.	
(Name of Person)	
BLANCO LAW, P.A.	
(Name of Firm/Company)	
10300 SW 72 STREET, SUITE 310	
(Address)	
MIAMI, FL 33173	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
GEORGINA BLANCO-ELIAS, ESQ. at (305) 275-2727	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, BEATRIZ B. MARSAN (Name of Registered Agent)
hereby resigns as Registered Agent for ALL EVENT PRODUCTIONS CORPORATION,
(Name of Corporation)
P0400001882
(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.
Bealing Tanseen
(Signature of Resigning Agent)
If signing on behalf of an entity:
BEATRIZ B. MARSAN
(Typed or Printed Name)
PRESIDENT/REGISTERED AGENT
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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