

P04000145463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2011 JAN 18 P 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1-20-11

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: One Shot Development  
(Name of Corporation)

DOCUMENT NUMBER: P04000145463

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:

Hector Marrero  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

3440 N.E. 164th st  
(Address)

North Miami Beach Fl 33160  
(City/State and Zip Code)

For further information concerning this matter, please call:

Hector Marrero at (305) 525-5214  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

**FILED**

2011 JAN 18 P 1:44

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, SECRETARY OF STATE  
Florida Statutes, the undersigned, Hector Marrero TALLAHASSEE, FLORIDA  
(Name of Registered Agent)

hereby resigns as Registered Agent for One Shot Development  
(Name of Corporation)

P04000145463  
(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

Hector Marrero

(Typed or Printed Name)

Director

(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withdrawn corporation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