

(Re	equestor's Name)				
(Ac	ddress)				
(Ad	ddress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL MAIL			
(Bu	usiness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
<del>_</del> `-`-					

Office Use Only



500261748345

07/07/14--01022--014 \*\*35.00

RIARCE

JUL 22 2014 R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Cincerells Investments, Inc  (Name of Corporation)  DOCUMENT NUMBER: POSODODO 91550
DOCUMENT NUMBER: P\$ 5000 41550
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:
(Name of Person)
(Name of Firm/Company)
3411 N.W. 194 st (Address)
Miami, FC 33134 (City/State and Zip Code)
For further information concerning this matter, please call:    Concerning this matter, please call:   Concerning this matter, please c

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 p	provisions of sections 607.	U3U2(2), 617.U3U2(2), 6	507.1509, or 617.	1509,
Florida Statutes,	the undersigned,	Aurelio	NOYA	
,	<u> </u>	(Name of Regis	stered Agent)	/
hereby resigns as	s Registered Agent for	(Name of Registrate   A) (Name of Co		its, Inc
	, , , , , , , , , , , , , , , , , , ,	(Name of Co	rporation)	•
14050	Number, if known)			
(Document	Number, if known)			
<b>(</b>	· · · · · · · · · · · · · · · · · · ·			
A copy of this re	signation was mailed to th	e above listed corporat	ion at its last know	wn address.
The agency is ter	minated and the office dis	continued on the 31st d	lay after the date	on which
this statement is	filed.			
	( )	1 01		
	Lu	1/104		
	(Signat	ure of Resigning Agent)	<del></del>	
		V		
If signing on beh	alf of an entity:			
	Λ	1. (1		
	Hun	ELIO Ney	A	
	(Тур	ed or Printed Name)		
		1		
	<i>F</i>	62+/au-a		Lise :
		(Capacity)		Section 1 Section 1
				io io
				\$ <del></del>
	Fee for filing th	ie document		·
	1.66 101 1111118 111	us uvenuiciie.		

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

withdrawn corporation

\$35.00 -Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation

Tallahassee, FL 32314