

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : SANCHEZ-MEDINA & ASSOCIATES, P.A.

Account Number : 120030000135

Phone : (305)448-4344
Fax Number : (305)448-7887

Enter the email address for this business entity to be used for future in annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT RESIGNATION INTERMEDIA, INC.

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Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

	ivision of Corporations		
SUBJEC'	T: INTERMEDIA, INC.	of Corporation	1)
DO CTUBE	ENT NUMBER: P06000067871	or corporation	''
The enclo	sed Resignation of Registered Agent fo	r a Corporati	ion and fee are submitted for filing
Please ren	um all correspondence concerning this	matter to the	following:
Roland	Sanchez-Medina Jr.		
	(Name of Person)		
Sanche	z-Medina, Gonzalez, Quesada, Lag	e et al	
	(Name of Firm/Company)		
2333 Po	once De Leon Blvd., Suite 302		
	(Address)		
Coral G	ables, Florida 33134		
	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
Por furthe	er information concerning this matter, p	lease call:	
Roland S	Sanchez-Medina Jr.	305)	448-4344
	(Name of Person)		¿ Daytime Telephone Number)

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

	Fig. 72	
•	ري و (17.0502(2), 617.0502(2), 607.1509, or 617.1509, مين و (17.0502(2) مين و (17.0502(2) مين و (17.0502(2)	j
Florida Statutes, the undersigned, Rol	land Sanchez-Medina Jr.	2
,	(Name of Registered Agent)	•
hereby resigns as Registered Agent for	INTERMEDIA, INC.	
worden of traffic and The second	(Name of Corporation)	
P06000067871		
(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 this statement is filed.	discontinued on the 31st day after the date on which	
Polen	marker of Resigning Agent)	
If signing on behalf of an entity:	guarace of Resigning Agency	
Roland Sanchez-M	Medina Jr.	
(1)	Typed or Printed Name)	
hegystera	d 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