# P06000078691

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

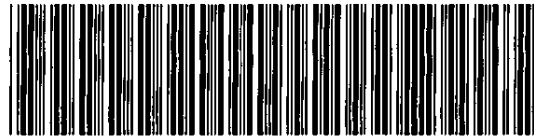☐ PICK-UP          ☐ WAIT          ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____          Certificates of Status _____

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TALLAHASSEE, FLORIDA

07/05/06--01025--020   **35.00

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** _Miami Shoreline Alliance, Inc._
(Name of Corporation)

**DOCUMENT NUMBER:** _P06 0000 78691_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

_Patricia Mayor_
(Name of Person)

_Miami Shoreline Alliance, Inc._
(Name of Firm/Company)

_555 NE 15th Street  Unit 35-H_
(Address)

_Miami, FL  33132_
(City/State and Zip Code)

For further information concerning this matter, please call:

_Patricia Mayor_ at ( _305_ ) _373-0018_
(Name of Person)        (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

**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

CR2E044(08/05)

# OFFICER / DIRECTOR RESIGNATION
# FOR A CORPORATION

I, _Patricia MAYOR_ , hereby resign as _VP Director_
<div align="right">(Title)</div>

of _Miami Shoreline Alliance, INC._ ,
<div align="center">(Name of Corporation)</div>

_P06 0000 78691_ , a corporation organized under the laws of the State of
(Document Number, if known)

_Florida_ .

_Effective 6·21-06_

_Patricia Mayor_
(Signature of resigning officer/director)

**FILED**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
06 JUL -5 PM 12:25

## FILING FEE IS $35.00

## Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314