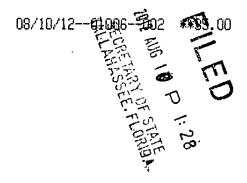
## P080000315a0

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<del>-</del>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



300238340933



AUG 20 2012
T. LEMIEUX

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: PAGODA 770 INC (Name of Corporation)
DOCUMENT NUMBER: PO8000021523
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:
SHAY MIARA (Name of Person)  AGODA 770 NC (Name of Firm/Company)  18100 COLLWS AV (Address)
SUNNY ISLES BEACH EL 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
SHAM MARA at (954) 8219025 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.05	502(2), 617.0502(2), 6	507.1509, c	or 617.1509,
Florida Statutes, the undersigned,	SHAY MIA	RA	<del></del>
	(Name of Regis	stered Agent)	
hereby resigns as Registered Agent for	PAGODA	770	INC
	(Name of Co	rporation)	
P080000 21520			
(Document Number, if known)			
A compact this major which are a second to the state of	-1		. 1
A copy of this resignation was mailed to the	above listed corporati	ion at its la	st known address.
The agency is terminated and the office discounties statement is filed.	ontinued on the 31st d	lay after the	e date on which
SIA	K(ADA s of Resigning Agent)		
(Signatur	s of Resigning Agent)		<del></del>
If signing on behalf of an entity:			
The state of the s			
SHA (Typed	Y MIARA I of Printed Name)		2012 AUG I B Secretary Tallahassei
			<b>是</b> 然
			ASS -
	(Capacity)		— m-< <b>→</b>
			م چ <u>ھ</u>
			I: 21 STATE LORUB
Fee for filing this	s document:		28
\$87.50 - Active co			

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/