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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	MAIT	MAIL
(Bl	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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RA Resign

MAY 13 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: M9M Concessions, INC (Name of Corporation) DOCUMENT NUMBER: P0900060163
DOCUMENT NUMBER: P0900060163
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:
Richard T Potash (Name of Person)
Richard J Potash PA (Name of Firm/Company)
133 NW 100 Avenue (Address)
Plan-ta to DC 33324 (City/State and Zip Code)
For further information concerning this matter, please call:
Richard T Po HASh at (305) 651-00>5 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Richard T Potash (Name of Registered Agent)	
hereby resigns as Registered Agent for MA Concessions, Inc. (Name of Corporation)	<u>c_</u>
P0900060163 (Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known addr	ess.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	:h
Cichard T Potash (Signature of Resigning Agent)	
If signing on behalf of an entity:	
(Typed of Trinica Name)	٠ - ا
(Capacity)	STATE

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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