

PO9000072489

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & FERRI
Account Number : I20070000136
Phone : (305) 779-3564
Fax Number : (305) 779-3561

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11 JUN -9 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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Email Address: asanz@arhmf.com

**REGISTERED AGENT RESIGNATION
GREAT AMERICA BEVERAGE CORPORATION**

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Great America Beverage Corp

(Name of Corporation)

DOCUMENT NUMBER: P09000072489

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:

Ana Sanz

(Name of Person)

Interamerican Corporate Services, LLC

(Name of Firm/Company)

2525 Ponce de Leon Blvd. Suite 1225

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Ana Sanz

(Name of Person)

at (305) 779-3560

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2ED46(03/05)

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**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, Interamerican Corporate Services, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for Great America Beverage Corp

(Name of Corporation)

P09000072489

(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 discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)_____
(Capacity)FILED
JUN -9 AM 9:55
TALLAHASSEE, FLORIDA**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporationMake checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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