Division of Corporations Electronic Filing Cover Sheet

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(((H11000153062 3)))



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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : AVILA RODRIGUEZ HERNANDEZ MENA

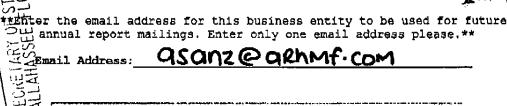
Account Number: I20070000136

Phone

: (305)779-3564

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REGISTERED AGENT RESIGNATION GREAT AMERICA BEVERAGE CORPORATION

Certificate of Status	0
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Page Count	02
Estimated Charge	\$87.50

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Corporate Filing Menu

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## #110001530623

## **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 at ( 305 ) 779-3560  (Name of Person) (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

## JUN. 9. 2011 11:53AM HILOODIS3062 3

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07,0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,Int	eramerican 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	o 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
	Ali Til
(Si	gnature of Resigning Agent)
If signing on behalf of an entity:	AM 9:
	Typed or Printed Name)
<del>-</del>	(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