

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
:			

Office Use Only



100318689451

09/28/18--01012--023 **35.00

FILED

18 SEP 28 AH &: 26

SEP 28 AH &: 26

OCT 01 2018 S. YOUNG

COVER LETTER

	(Name of Person) at (305) 553-3464 (Area Code & Daytime Telephone Number)
Mel	issa 305 553-3464
For fur	ther information concerning this matter, please call:
	(City/State and Zip Code)
Mia	mi, FL 33155
-	(Address)
493	7 SW 74 Ct
	(Name of Firm/Company)
Alfr	edo Garcia-Menocal, P.A.
	(Name of Person)
Alfr	edo Garcia-Menocal
Please	return all correspondence concerning this matter to the following:
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
DOCU	MENT NUMBER: P11000055922
	(Name of Corporation)
SUBJE	ECT: Macumba Night Club and Restaurant, Inc.
	Division of Corporations

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.15	509.
Florida Statutes, the undersigned, Alfredo Garcia-Menocal, P.A.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Macumba Night Club and Restaura	int, Inc.
(Name of Corporation)	
P11000055922	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	n address.
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	ı which
	~3
(Signature of Resigning Agent)	_
If signing on behalf of an entity:	16 S
Alfredo harlia-Hoccel	SEP 28 AM
President (Capacity)	AH 8: 26

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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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