P11000100627

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: LA MIAMI REAL ESTATE H		
(Name of Corporation DOCUMENT NUMBER: P11000100627	on)	
The enclosed Resignation of Registered Agent for a Corpora	tion and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the	e following:	
LEEANNE W. GRAZIANI, ESQ. (Name of Person)		
(Name of Firm/Company)		
1924 SANTA BARBARA BLVD., STE #1		
(Address)		
NAPLES, FL 34116	E E E E E E E E E E E E E E E E E E E	19 T
(City/State and Zip Code)	는 보고 있다. 기계 전략 나가소 ()	12
For further information concerning this matter, please call:	5,2 °) - 13 mg	
LEEANNE GRAZIANI at (239	,595-5420 ¹⁰⁻¹	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Florida Statutes, the undersigned, LEEANNE W. GRAZIANI, ESQ. (Name of Registered Agent) (Name of Corporation) P11000100627 (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.
hereby resigns as Registered Agent for LA MIAMI REAL ESTATE HOLDINGS, INC. (Name of Corporation) P11000100627 (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
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The agency is terminated and the office discontinued on the 31st day after the date on which
(Signature of Resigning Agent)
(Signature of Resigning Agent)
If signing on behalf of an entity:
·····
(Typed or Printed Name)
Cipped of Finited Hamiley
(Capacity)
(Capacity)
Fee for filing this document: \$87.50 - Active Corporation

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/