## PIZODODIDULE

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phone #	<del>f</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<del>)</del>
(Do	cument Number)	·
Certified Copies	_ Certificates c	f Status
Special Instructions to Filing Officer:		

Office Use Only



100278598821

11/02/15--01018--011 \*\*87.50

OLD NOV -2 AM IO: 47

RARES

NOV 4 2015 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section Division of Corporations Management Business Advisors, INC (Name of Corporation) DOCUMENT NUMBER: P12000042616 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: **Daniel Romero** (Name of Person) Management Business Advisors, INC (Name of Firm/Company) 15300 SW 82nd Ave. (Address) Palmetto Bay, FL 33157 (City/State and Zip Code) For further information concerning this matter, please call: Daniel Romero (Area Code & Daytime Telephone Number) (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6	07.0502(2), 617.0502(2), 607.1509, or 617.	.1509,	
Florida Statutes, the undersigned, Be	atriz C. Romero		
riorida Statutes, the undersigned,	(Name of Registered Agent)		
hereby resigns as Registered Agent for	Management Business Advisors,	, INC	
	(Name of Corporation)		
P12000042616			
(Document Number, if known)	<del>_</del>		
A copy of this resignation was mailed to	o the above listed corporation at its last kno	wn address.	
this statement is filed.	discontinued on the 31st day after the date	on which	
If signing on behalf of an entity:			
	(Typed or Printed Name)  (Capacity)	2015 NOV -2 AM IO: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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