Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440

Fax Number

; (305)444-6226 : (305)442-4829

\*\*Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please. \*\*



## REGISTERED AGENT RESIGNATION **UMAMI INVESTMENTS GROUP INC**

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

C. LEWIS

AUG 1 4 2013

EXAMINIFR

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: UMAMI INVESTMENTS GROUP INC
(Name of Corporation) P13000053283
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:
LAURA KOHN
(Name of Person)
ARAZOZA & FERNANDEZ-FRAGA P.A.
(Name of Firm/Company)
2100 SALZEDO STREET, SUITE 300
(Address)
CORAL GABLES, FL 33134
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305 ) 444-6226 X 233 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 3054424829

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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,ARAZOZA & FERNANDEZ-FRAGA P.A.
(Name of Registered Agent)
hereby resigns as Registered Agent for UMAMI INVESTMENTS GROUP INC
(Name of Corporation)
P13000053283
(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:
CARLOS F. ARAZOZA
(Typed or Printed Name)
DIRECTOR
(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