

P13000084418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

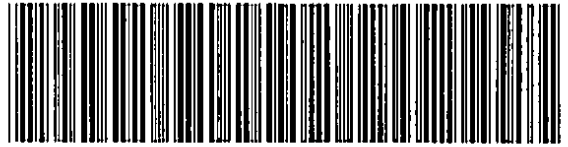
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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

FILED

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Medley ABC Corporation

Name of Corporation

Dear Sir or Madam:

RA Resign.

The enclosed ~~Withdrawal Statement~~ and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. Alejandro Freites

Name of Person

Firm/Company

12601 NW 115 AVE A-109

Address

Medely, FL 33178

City/State and Zip Code

lobo1441@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mr. Alejandro Freites

at (305)

498-6670

Name of Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Mr. Antonio Ramos

(Name of Registered Agent)

hereby resigns as Registered Agent for Medley ABC, Corporation

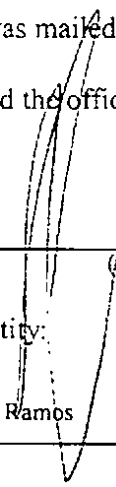
(Name of Corporation)

P13000084418

(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:

Mr. Antonio Ramos

\_\_\_\_\_  
(Typed or Printed Name)

S./ Registered Agent

(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