P15000041134

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





700284214547

04/11/16--01042--027 **122.50



RARES

APR 13 2016 I ALBRITTON

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ		1
DOC	(Name of Corporati UMENT NUMBER: P1500041634	ion)
The e	nclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the	ne following:
Die	go Lopez Ayala	
	(Name of Person)	•
Die	go Lopez Ayala	
	(Name of Firm/Company)	•
899	99 NW 107 Ct. Apt. 106-1	
	(Address)	•
Do	ral FL 33178	
	(City/State and Zip Code)	•
For fu	rther information concerning this matter, please call:	
Die	go Lopez Ayala at 786	314.4970
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Diego Lopez
(Name of Registered Agent)
hereby resigns as Registered Agent for Consumer Electronics Miami (NC)
(Name of Corporation)
P15000041634
(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:
(Typed or Printed Name)
(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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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