15000445

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

Office Use Only



000285785990

05/16/16--01012--030 **87.50

MAY 1 7 2016 C. CARROTHERS

COVER LETTER

SUBJECT: AFTERMATH YACHT M.	(Name of Corpo	
DOCUMENT NUMBER: P15000044	` .	
The enclosed Resignation of Registered	, ,	oration and fee are submitted for filing
Please return all correspondence concer	Ţ	_
CARLOS FLETES, ESQ.	-	, and the second
(Name of Person)		_
(Name of Firm/Compa	ny)	
407 LINCOLN ROAD, SUITE 12-E		
(Address)		
MIAMI BEACH, FL 33139		
(City/State and Zip Co	de)	_
For further information concerning this	matter, please cal	1:
CARLOS FLEITES	305	672-8434 ode & Daytime Telephone Number)
(Name of Person)	at (

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ns 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	CARLOS FLEITES, ESQ.	
	(Name of Registered Agent)	
hereby resigns as Registered Agent	for AFTERMATH YACHT MANAGEMENT, INC.	
noreby resigns as Registered rigent	(Name of Corporation)	
P15000044570		
(Document Number, if known)		
A copy of this resignation was mail	ed to the above listed corporation at its last known address.	
The agency is terminated and the of this statement is filed. If signing on behalf of an entity:	(Signature of Resigning Agent) (Signature of Resigning Agent)	The state of the s
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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