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## **COVER LETTER**

TO: Amendment Section
Division of Corporations
SUBJECT: OCOLENTOS MIAM; INC. (Name of Corporation)
DOCUMENT NUMBER: 1500057777
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:
Williams K. DRBina (Name of Person)
Sucu Lentos Miami inoc. (Name of Firm/Company)
14756 S.w. 8 m. (Address)
Miami F2 33184 (City/State and Zip Code)
For further information concerning this matter, please call:
Williams Drawn at (786) 853-4425
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Description Ventoria Wolfs (Name of Registered Agent)	U P
hereby resigns as Registered Agent for Solve Lewis Miami, 1002.  (Name of Registered Agent)  (Name of Corporation)	
(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.	
If signing on behalf of an entity:	
Williams K- DRBinox Sor- (Typed or Printed Name)	
President.	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)