P2200001510

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	5/8/7/24

Office Use Only



500432937735

08/07/24--01056--001 **87.50

SECRETARY OF STATE

FICED

COVER LETTER

2905 Miami Corp SUBJECT:	(Name of Corpo	oration)
P22000015103	•	ruccity
DOCUMENT NUMBER: P22000015101		· ·
The enclosed Resignation of Registered A	gent for a Corp	poration and fee are submitted for filing
Please return all correspondence concerni	ng this matter t	o the following:
Sofia Powell-Cosio		
(Name of Person)	_	
Sofia Powell-Cosio P.A.		
(Name of Firm/Company)	
1200 Brickell Avenue, Suite 520		
(Address)	· · · · · · · · · · · · · · · · · · ·	
Miami, Florida 33131		
(City/State and Zip Code)	
For further information concerning this m	atter, please ca	II:
Sofia Powelf-cosio	305	579-9988) ode & Daytime Telephone Number)
(Name of Person)	Area C	ode & Daytime Telephone Number)

Street Address:

Amendment Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E046 (12/19)

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations

FILED

RESIGNATION OF REGISTERED AGENT 2024 AUG -7 AM 4: 39 FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provision	ns of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the und	areigned SPC Management Services Inc.,
r forma statutes, the und	(Name of Registered Agent)
hereby resigns as Regist	2905 Miami Corp ered Agent for
	(Name of Corporation)
P22000015101	
(Document Number	, if known)
A copy of this resignation	on was mailed to the above listed corporation at its last known address.
The agency is terminated this statement is filed.	d and the office discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
If signing on behalf of a	n entity:
Sofia P	owell-Cosio
	(Typed or Printed Name)
Preside	nt
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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