

P95000097678

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : FOWLER RODRIGUEZ LLLP
Account Number : I20090000080
Phone : (786) 364-8480
Fax Number : (305) 445-3666

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TALLAHASSEE, FLORIDA

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Email Address: JLOPEZ@FRFIRM.COM

REGISTERED AGENT RESIGNATION
LUMINA PROPERTIES, INC.

Certificate of Status	0
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Page Count	05
Estimated Charge	\$87.50

RA Resign.

JAN 15 2016

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Corporate Filing Menu

D. CONNELL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LUMINA PROPERTIES, INC.

(Name of Corporation)

DOCUMENT NUMBER: P95000097678

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:

Juliana B. Lopez

(Name of Person)

Fowler Rodriguez, LLP

(Name of Firm/Company)

355 Alhambra Circle, Suite 801

(Address)

Coral Gables, Florida 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Juliana B. Lopez

(Name of Person)

at (786) 364-8407

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Registered Agent Corporate Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for Lumina Properties, Inc.

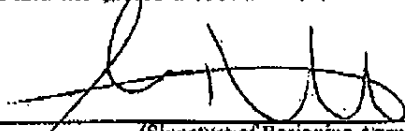
(Name of Corporation)

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(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:

Mark D. Rich

(Typed or Printed Name)

Vice President

(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

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TALLAHASSEE, FL 32314