## P9700046652

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(Requ	estor's Name)	
(Addre	:SS)	
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(City/S	state/Zip/Phone	· #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: COCORON,INC.
(Name of Corporation)
DOCUMENT NUMBER: P97000046652
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:
Pedro A. Martin
(Name of Person)
Greenberg Traurig, P.A.
(Name of Firm/Company)
1221 Brickell Avenue
(Address)
Miami, FL 33131
(City/State and Zip Code)
For further information concerning this matter, please call:
Pedro A. Martin at ( 305 ) 579-0545
Pedro A. Martin at ( 305 ) 579-0545 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

rursuant to the provisions of sections	007.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, P	edro A. Martin
	(Name of Registered Agent)
hereby resigns as Registered Agent for	COCORON, INC.
	(Name of Corporation)
P97000046652	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed	to the above listed corporation at its last known address.
this statement is filed.	Bignature of Résigning Agent)
If signing on behalf of an entity:	
Pedro A. Martin	
	(Typed or Printed Name)
	PEG 6
Registered Agen	超 5 三
	(Capacity) SSEE FLO
	ng this document:
	dministratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation