## P97000058072

(Requestor's Name)				
7 (Inc.)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE ALLAHASSEE FLORIDA

Main Marie Mass

## **COVER LETTER**

Division of Corporations				
SUBJECT: MOONSHINE HOL	DINGS MIAMI, INC. (Name of Corpora	ation)		···· .
DOCUMENT NUMBER: P97	000058072			
The enclosed Resignation of Regi		ration and fee are	submitted for filing	ng.
Please return all correspondence c	oncerning this matter to	the following:		
Pedro A. Martin				
(Name of Pe	rson)			
Greenberg Traurig, P.A.				
(Name of Firm/C	Company)	<del>-</del> - · · · · ·		<b>€</b>
1221 Brickell Avenue		<del>-</del>		
(Address	· <del>)</del>			,
Miami, FL 33131 (City/State and 2	lip Code)		n -	· · · · · · · · · · · · · · · · · · ·
For further information concerning	g this matter, please call	;		
Pedro A. Martin (Name of Person)	at ( 305 (Area Coo	579-0545 le & Daytime Tele	phone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Pedro A. Martin
	(Name of Registered Agent)
hereby resigns as Registered Agent	t for MOONSHINE HOLDINGS MIAMI, INC.
	(Name of Corporation)
P97000058072	
(Document Number, if known)	
A copy of this resignation was mai	led to the above listed corporation at its last known address.
The agency is terminated and the o this statement is filed.	(Signature of Resigning Agent)
If signing on behalf of an entity:	
Pedro A. Mar	tin
	(Typed or Printed Name)
Registered A	gent (Capacity)
	(Capacity)
\$87.50	filing this document: - Active corporation - Administratively dissolved/voluntarily dissolved FLORID withdrawn corporation  - TALL AHAS 22 PH 2: 53

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