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COVER LETTER

CIIR I	ECT: 2475 BRICKELL ASSOCIATES, INC.
эсц	(Name of Corporation)
DOC	UMENT NUMBER: P98000013907
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Pedi	o A. Martin
	(Name of Person)
Gree	enberg Traurig, P.A.
	(Name of Firm/Company)
1221	Brickell Avenue
	(Address)
Miar	ni, FL 33131
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Pedr	o A. Martin at (305) 579-0545
	(Name of Person) (Area Code & Daytime Telephone Number)

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 pro	visions of sections 6	07.0502(2), 617.0502(2), 607.1509, or	617.15	09,		
Florida Statutes, th	e undersigned, Pe	dro A. Martin				
	•	(Name of Registered Agent)				
hereby resigns as F	Registered Agent for	2475 BRICKELL ASSOCIATES, INC.				
		(Name of Corporation)				
P98000013907						
(Document N	umber, if known)				•	
A copy of this resig	gnation was mailed to	o the above listed corporation at its last	known	ı addr	ess.	
The agency is term this statement is fil	ed.	discontinued on the 31st day after the	date on	whic	h	
	(Si _l	gnature of Resigning Agent)	_			
If signing on behal	f of an entity:	•				
	Pedro A. Martin					
_	(Typed or Printed Name)				
_	Registered Agent		SECR	06 AUG	;	
		(Capacity)	王で	উ		
			SS = 3	22		
			Line Control	7	77	
	\$87.50 - Act \$35.00 - Adr	g this document: ive corporation ninistratively dissolved/voluntarily dis-	FLORIDA SOM SOM SOM SOM SOM SOM SOM SOM SOM SOM	1 2: 42		
	wit	hdrawn corporation			•	

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