

P98000083448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

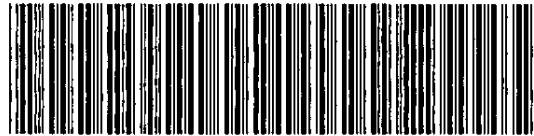
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09 APR - 9 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign.

4/9/09

Dc



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 1, 2009

MANUEL MEDINA  
5610 SW 93RD AVE.  
MIAMI, FL 33173

SUBJECT: MEDINA CIGARS, INC.  
Ref. Number: P98000083448

*Send  
4/6/09*

We have received your document and check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 409A00011053

RECEIVED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Medina Cigar Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000083448

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:

Manuel O Medina  
(Name of Person)

Medina Cigar Inc  
(Name of Firm/Company)

5610 Suwannee Ave  
(Address)

Miami FL 33173  
(City/State and Zip Code)

For further information concerning this matter, please call:

Manuel O. Medina at ( 305 ) 273938  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, Manuel O. Medina

(Name of Registered Agent)

hereby resigns as Registered Agent for

Medina Cigars, Inc.

(Name of Corporation)

P98000083448

(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.

Manuel O. Medina

(Signature of Resigning Agent)

If signing on behalf of an entity:

Manuel O. Medina

(Typed or Printed Name)

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR -9 PM 2:56

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