Requester's Name Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) *****35.00 *****35.00 (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time ☐ Walk in Certificate of Status Photocopy ☐ Will wait ☐ Mail out <u>AMENDMENTS</u> **NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report ☐ Limited Partnership Fictitious Name Reinstatement Trademark Other CR2E031(7/97)

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, C T CORPORATION SYSTEM (Name of registered agent)	_
hereby resigns as Registered Agent for	_
A copy of this resignation was mailed to the above listed corporation at its last known address. 6915 Red Road Ste. 219 Coral Gables, FL 33143 Attn: Marcelino Sanchez 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:	
C T CORPORATION SYSTEM (Typed or Printed Name)	
ASSISTANT SECRETARY	
(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

DIVISION OF CORPORALIUMS