## P99000075052

. (R€	equestor's Name)	
(Ac	ldress)	<u></u>
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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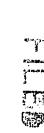


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## **COVER LETTER**

Division of Corporations	
SUBJECT: LEOMAY ALF INC	
(Name of Corporation)	
DOCUMENT NUMBER: P99000075052	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fili	ng.
Please return all correspondence concerning this matter to the following:	
LEONOR RODRIGUEZ	
(Name of Person)	
LEOMAY ALF INC	
(Name of Firm/Company)	
3666 SW 5 TERRACE	
(Address)	
MIAMI, FL 33135	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
LEONOR RODRIGUEZ  at ( 305 ) 525-7064  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION  ALLANASS  AM 8: 49
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, JULIANA CHALA
(Name of Registered Agent)
hereby resigns as Registered Agent for LEOMAY ALF INC (Name of Corporation)
P9900075052
(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 3 st day after the date on which this statement is filed.  (Signature of Resigning Agent)  If signing on behalf of an entity:
Tuliana Chala (Typed or Printed Name)
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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