P01000096456

(Rec	uestor's Name)	
(Add	lress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



500076574015

06/27/06--01049--009 **87.50

SECRETARY OF STATE OF CORPORATIONS
06 JUN 27 PM 3: 45

RAResign.
07/05/06
DC

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: model Works International Inc. (Name of Corporation)			
DOCUMENT NUMBER: <u>P01000096456</u>			
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:			
ROBERT J. LAPOLLA (Name of Person)			
(Name of Firm/Company)			
2780 N.E. 1832 ST T.H.7 (Address)			
AVENTURA FL 33/60 (City/State and Zip Code)			
For further information concerning this matter, please call:			
ROBERT J. LAPOLLA at (305) 932-6252 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, ROBERT J. LAPOLLA (Name of Registered Agent)	
nereby resigns as Registered Agent for MODEL WORKS INTERNATIONAL I (Name of Corporation)	.NC
P010000 964 56 (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 his statement is filed.	
Robert Japolla (Signature of Resigning Agent) 8	
f signing on behalf of an entity:	•
(Typed or Printed Name)	

Fee for filing this document: \$87.50 - Active corporation

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)