P02000002335

î.	•	
(Re	equestor's Name)	
(Ac	ldress)	
•		
(Ad	ldress)	
	ty/State/Zip/Phone	- 4R
(O)	y o take in pre-nome	z π <i>y</i>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600014840666

04/01/03--01030--006 **87.50

D3 APR -4 AMID: 30

POSOS LINES

TRANSMITTAL LETTER

3/24/03

TO: Amendment Section Division of Corporations	
SUBJECT: NUEVO CHC, NC (Name of Corporation)	
DOCUMENT NUMBER: POZOOOOZ335	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the following:	
NANCY A. BUSH (Name of Person)	
Nuevo CHIC NC (Name of Firm/Company)	
TOO RIVERSIDE DRIVE (Address)	
QUOTA GRADA EL 33982	
PUNTA GORDA FL 33982 (City/State and Zip Code)	• -
For further information concerning this matter, please call:	
WANCY A. BUSH at (941) 637-5925 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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, Name of Registered Agent)		
hereby resigns as Registered Agent for Nuevo CHIC INC. (Name of Corporation)	_	
POZOOOOZ335 (Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known address	š.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. ART ART	03 APR -4 A	TIE
If signing on behalf of an entity:	M 10: 30	
(Typed or Printed Name)		
(Capacity)	ţ	·

Fce 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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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