P03747

(Requestor's Name)				
(Address)				
(Andress)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300037367633

06/08/04--01039--001 **87.50

OL JUNIII AM 8: 38

Serial solves

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
DAVID GERARDUZZI ENGINEERS, INC. (MI.DOM.)		
SUBJECT: (Name of Corporation)	** •	,
• • •		
DOCUMENT NUMBER: P03747		÷.
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:		
THERESA ALFIERI		
(Name of Person)		
C T CORPORATION SYSTEM		
(Name of Firm/Company)		
111 8TH AVENUE - 13TH FLOOR	••	
(Address)		
NEW YORK, NEW YORK 10011		
(City/State and Zip Code)		-
For further information concerning this matter, please call:		
THERESA ALFIERI-6/4/04-LENNETH at (212) 894 - 8516 (Name of Person) (Area Code & Daytime Telephone Number)		,
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

CR2E046(11/02)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	507.0502(2), 617.0502(2), 607.1509, or 617	.1309,		
Florida Statutes, the undersigned,	ida Statutes, the undersigned. C T CORPORATION SYSTEM			
(Name of Registered Agent)				
	DAVID GERARDUZZI ENGINEERS, INC.	,		
hereby resigns as Registered Agent for	(MLDOM.)			
	(Name of Corporation)			
P03747		÷		
(Document Number, if known)				
A copy of this resignation was mailed t	to the above listed corporation at its last kno	own address.		
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date	on which		
Th	Alf			
(Š	ignature of Resigning Agent)	·		
If signing on behalf of an entity:		ECRET!		
C T CORPORA	TION SYSTEM - THERESA ALFIERI	25 = F		
	(Typed or Printed Name)	TRS IT		
AS	SSISTANT SECRETARY	8: 38		
	(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