

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : METRO BUSINESS AGENCY, INC.
Account Number : I20080000101
Phone : (239) 466-8600
Fax Number : (239) 275-0865

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

12 JUN 18 AM 9:29
SECRETARY OF CORP. DIVISION

**REGISTERED AGENT RESIGNATION
ROMA GRANITE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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@ 6/19/12

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROMA GRANITE, INC
(Name of Corporation)

DOCUMENT NUMBER: P08000048996

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:

HANNA SRODA

(Name of Person)

METRO BUSINESS AGENCY, INC.

(Name of Firm/Company)

4460 CLEVELAND AVE, SUITE E

(Address)

FORT MYERS, FL 33901

(City/State and Zip Code)

For further information concerning this matter, please call:

HANNA SRODA

(Name of Person)

at **239 466-8600**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, METRO BUSINESS AGENCY, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for ROMA GRANITE, INC.

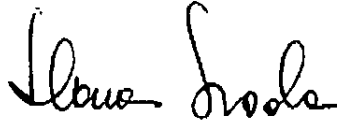
(Name of Corporation)

P08000048996

(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
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

HANNA SRODA

(Typed or Printed Name)

REGISTERED AGENT

(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

FILED
SECRETARY OF CORPORATION
DIVISION OF CORPORATION
12 JUN 18 AM 9:29