## P11000106708

| (Red                    | questor's Name)   | 1           |
|-------------------------|-------------------|-------------|
| (Add                    | dress)            |             |
| (Add                    | dress)            |             |
| (City                   | y/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT              | MAIL        |
| (Bus                    | siness Entity Nar | ne)         |
| (Do                     | cument Number)    | ·           |
| Certified Copies        | Certificates      | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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|                         |                   |             |



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DIVISION OF CORRORATION

Office Use Only

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------|
| Division of Corporations  SUBJECT: FUSAY CORP.  (Name of Corporation)                                                          |
| DOCUMENT NUMBER: 11000/06708.  The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for ming.                                 |
| Please return all correspondence concerning this matter to the following:                                                      |
| José VEGA                                                                                                                      |
| Suarez Vega & AssociaTES                                                                                                       |
| (Name of Flym/Company)                                                                                                         |
| 25 SE 2Nd AVE Suite \$410"                                                                                                     |
| Miami H 33131  (City/State and Zip Code)                                                                                       |
| For further information concerning this matter, please call:                                                                   |
| Jose Vlga at (305) S39-9050 (Name of Person) at (305) S39-9050 (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,                                                               | APR 13   |
| Florida Statutes, the undersigned, MARTA B. 416UEROA                                                                                                  | ند<br>تن |
| (Name of Registered Agent)                                                                                                                            | 7        |
| hereby resigns as Registered Agent for <u>FUSAY</u> , CORP.                                                                                           |          |
| (Name of Corporation)                                                                                                                                 |          |
| 711 000106708                                                                                                                                         |          |
| (Document Number, if known)                                                                                                                           |          |
| $\langle 0 \rangle_{i}$                                                                                                                               |          |
| A copy of this resignation was mailed to the above listed corporation at its last known addr                                                          | ess.     |
| 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) | h        |
| If signing on behalf of an entity:                                                                                                                    |          |
|                                                                                                                                                       |          |
|                                                                                                                                                       |          |
| (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