## P13000056758

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400275479974

08/11/15--01012--007 \*\*87.50

STORE DARY OF GORDER ON STORE

Me 15. July

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

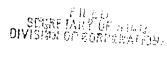
SUBJECT: Varela Properties INC (Name of Corporation)
DOCUMENT NUMBER: P1300056758
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nicole Buss 0 (561-167-1100)  (Name of Person)
(Name of Firm/Company)
2650 NW 46th St (Address)
Boca Raton, FL 33434 (City/State and Zip Code)
For further information concerning this matter, please call:
Kim Busso at (561) 702-4336 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

15 AUG 11 PM 2: 21

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, NICOLE BUSS
(Name of Registered Agent)
hereby resigns as Registered Agent for Varela Properties MC (Name of Corporation)
P13000056758
(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.
$\omega$ $\alpha$ $\Omega$
14006 Janoso
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Typed of Triace 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

Please note: my name was used without my permission or knowledge on this corporation.