## 575093

(Re	equestor's Name)			
(Ad	dress)	<del></del>		
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		,		
		1		





000102969110

05/25/07--01027--001 \*\*1820.00

OT MAY 25 PM 3: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Pes.

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Aserfin (USA), Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: S75093	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fill	ng.
Please return all correspondence concerning this matter to the following:	
William A. Weber	
(Name of Person)	
Hughes Hubbard & Reed, LLP	
(Name of Firm/Company)	
201 S. Biscayne Blvd., Suite 2500	
(Address)	
Miami, Florida 33131	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
William A. Weber at ( 305 ) 358-1666	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.150	9, or 617.1509,
Florida Statutes, the undersigned,	Reliable Agents, Inc.	
,	(Name of Registered Ag	gent)
hereby resigns as Registered Agen	t for Aserfin (USA), Inc.	_
	(Name of Corporation	1)
S75093		
(Document Number, if known)	- <del></del>	
A copy of this resignation was ma	iled to the above listed corporation at it	s last known address.
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day afte	r the date on which
<u> </u>	(Signature of Resigning Agent)	+
If signing on behalf of an entity:		
	erschel E. Sparks, Jr.	O7
-	(Typed or Printed Name)	LAE B T
Vic	ce President	HAY 25 RELIARY O
	(Capacity)	PN 3: 06 PN 3: 06 PF STATE FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

Fee for filing this document: \$87.50 - Active corporation