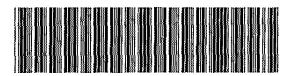
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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	» #)
· PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



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DIVERSETABLE STATEMENT OF NUG 13 AM 9: 27

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8/17/67

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 132 East Oakland Corporation (Name of Corporation)
DOCUMENT NUMBER: P 0,2000 79545
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:
Noveen Wiscovitch-Rentas, Esq. (Name of Person)
Noveen Wiscovitch - Rentas, PA (Name of Firm/Company)
P.O. Box 20438 (Address)
West Palm Bch, FC 33416 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (561) 655-6909 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

ن ، بعدل

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Jac A Valero (Name of Registered Agent)	
hereby resigns as Registered Agent for 132 East Oakland Curporation, (Name of Corporation)	• =
PO200079545 (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:	
(Typed or Printed Name) (Capacity)	j
(Capacity)	i

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