

170195

LAW OFFICES  
**LOUIS J. CARBONE, P.A.**

A PROFESSIONAL ASSOCIATION  
65 NE 4TH AVENUE  
DELRAY BEACH, FL 33483

MEMBER OF N.Y., C.T.,  
FL & D.C. BARS

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**NEW YORK OFFICE**  
111 NORTH CENTRAL PARK AVENUE  
HARTSDALE, NEW YORK 10530  
(914) 684-0201  
FAX (914) 684-0356

October 5, 1999

Priority Mail  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32313

Re: LeDolaine, Inc.  
Corp. Number 170195

700003012057--3  
-10/12/99--01009--001  
\*\*\*\*271.25 \*\*\*\*\*87.50

Dear Sir or Madam:

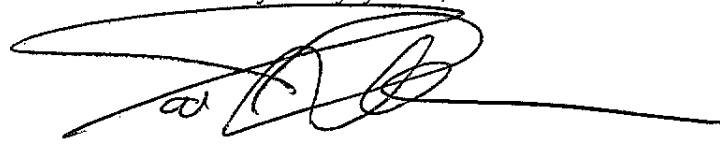
With respect to the above referenced transaction, enclosed please find the following documents for filing:

1. Three (3) Resignation of Officers/Directors (filing fee \$ 35.00 each)
2. Resignation of Registered Agent (filing fee \$87.50)
3. Articles of Amendment to Articles of Incorporation of LeDolaine, Inc. (filing fee \$35.00) (certified copy fee \$ 8.75)
4. Statement of Change of Registered Office and Agent (filing fee \$35.00)

FILED  
99 OCT 12 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I have also enclosed a check for \$ 271.25 to the Florida Department of State for the filing fees for the above. Please return a certified copy of the Articles of Amendment in the self addressed stamped envelope provided.

Very truly yours,



LOUIS J. CARBONE

LJC/nlb

*RA resig*

V. SHEPARD OCT 22 1999

**RESIGNATION OF REGISTERED AGENT**

FILED  
99 OCT 12 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Linda Weeks  
(Name of registered agent)

hereby resigns as Registered Agent for LeDolaine, Inc.  
(Name of corporation)

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.

Linda Weeks  
(Signature of resigning agent)  
Linda Weeks

If signing on behalf of an entity:

LINDA Weeks  
(Typed or Printed Name)

Registered Agent - Sec'y. Treasurer  
(Capacity)

**Fee for filing this document:**  
\$87.50 - Active corporation  
\$35.00 - Administratively dissolved corporation

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