569246

(Requestor's Name)
(Address)
(Address)
(1.00)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(=====================================
(Document Number)
Certified Copies Certificates of Status
On the standing of Filling Office
Special Instructions to Filing Officer:



800032303258

U4/22/U4 - U1UU?-- OU1 **87.50

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SECRETARY OF STATE.
TALLAHASSEL FISHE.

Office Use Only

RA Resignation

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: IMPERIAL PLATING INC. (Name of Corporation)
DOCUMENT NUMBER: 569246
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: AD COPY OF BILL OF SOL.
Please return all correspondence concerning this matter to the following: ALEYIS LLANES (NEW OWNER) (Name of Person)
Mame of Firm/Company)
2070 NW 1415T (Address)
OPALOCHA FL 33054 (City/State and Zip Code)
For further information concerning this matter, please call:
PLEXIS LLBNES at (305) 688 77/3 (Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, SEC_{PF} Florida Statutes, the undersigned, SEC_{PF} $SIAT$
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, 577.577.
Florida Statutes, the undersigned, UESUS DIDZ (Name of Registered Agent)
hereby resigns as Registered Agent for IMPERIAL PLATING, INC. (Name of Corporation)
569246 (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)
· _ ·

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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