569246

(Reque	estor's Name)				
(Addre	ss)				
(Address)					
(City/S	tate/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
(Busine	ess Entity Nai	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
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Office Use Only



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SECRETALY OF STATE

officer Resignation

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: IMPERIAL PLATING INC. (Name of Corporation)
DOCUMENT NUMBER: 569246
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:
Please return all correspondence concerning this matter to the following: ALEXIS LLANES (NEW OWNER) BILLOF (Name of Person)
(Name of Person)
IMPERIAL PLATING INC (Name of Firm/Company)
(Name of Philis Company)
2070 NW 141 ST (Address)
(Address)
OPOLOCKA FL 33054 (City/State and Zip Code)
For further information concerning this matter, please call:
ALEXIS LLANES at (305) 688 97 13 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

/					AND AL	<u>_</u>
I, JESUS D	172	_, hereby resign a	is PHESS	DENT		
				(Title)		
of IMPERIAL	PLATIN	6, IN	<u> </u>	•		
	(Name of Corporat	ion)'			- 1	
569246 (Document Number, if known	, a corpo	oration organized	under the laws o	of the State of		
FLORIDA	·			<u> </u>		
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				ECRE LLA	TI	
	(Signature of	resigning officer/dir	ector)	TASS	F	· ;
				EE. T	E E	
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FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314