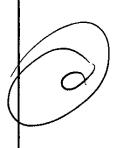
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: peruvian association inc
	(Name of Corporation)
DOC	UMENT NUMBER: 734197
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
robe	ert salerno
	(Name of Person)
peru	vian association inc
	(Name of Firm/Company)
122	peruvian ave
_	(Address)
palm	beach fl 33480
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
rober	rt salerno at (561)44915217
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, rob	pert salerno
	(Name of Registered Agent)
hereby resigns as Registered Agent for	peruvian association inc
	(Name of Corporation)
734197	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed to	the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
Robert	enature of Resigning Agent)
If signing on behalf of an entity:	
KoB	Typed or Printed Name)  Figure 1  Fi

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation