(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: 249 PERUVIAN BUILDING, INC. A NON-F	
(Name of Corpora	tion)
DOCUMENT NUMBER: 769362	
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to t	the following:
Dr. Rhonda Nasser	
(Name of Person)	_
249 Peruvian Building, Inc	
(Name of Firm/Company)	_
249 Peruvian Avenue R-2	
(Address)	_
Palm Beach, FL 33480	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Dr. Rhonda Nasser	655-0666 e & Daytime Telephone Number)
(Name of Person) (Area Cod	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1509	,
Florida Statutes, the undersigned, Doris Shaw	
(Name of Registered Agent)	
hereby resigns as Registered Agent for 249 PERUVIAN BUILDING, INC. A NON-RE	ESIDE
(Name of Corporation)	
769362	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known ac	ddress.
The agency is terminated and the office discontinued on the 31st day after the date on withis statement is filed.	hich
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
Doris Shaw, PA (Typed or Printed Name)	
Register Agent	73

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation 12 JUL 23 PH 12: 29

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

(Capacity)