

834688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

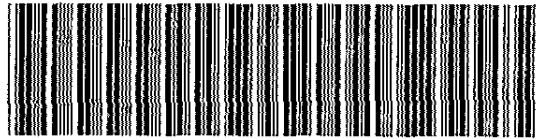
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMPRESA ECUATORIANA DE AVIACION
CROSS REF: ECUADORIAN AIRLINES COMPANY
(Name of Corporation)

DOCUMENT NUMBER: 834688

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:

HERNAN A. MOSCOSO SR.
(Name of Person)

(Name of Firm/Company)

1847NW 140 TERR.
(Address)

PEMBROKE PINES, FL. 33028
(City/State and Zip Code)

For further information concerning this matter, please call:

HERNAN A. MOSCOSO SR. at 954 438 0345 home
(Name of Person) (Area Code & Daytime Telephone Number)
954 483 3840 cell

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Tallahassee, FL 32314

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, HERNAN A. MOSCOSO SR.
(Name of Registered Agent)

hereby resigns as Registered Agent for EMPRESA ECUATORIANA DE AVIACION
CROSS REF: ECUADOREAN AIRLINES CO.
(Name of Corporation)

834688

(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)

(Capacity)

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withdrawn corporation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