## 845920

Requestor's Name 500002064955--9 -01/22/97--01139--006 \*\*\*\*\*35.00 \*\*\*\*\*35.80 CT CORPORATION SYSTEM Office Use Only MENT NUMBER(S), (if known): 1633 Broodway New York, NY 10019 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Mail out Photocopy Certificate of Status Will wait NEW FILE IN CO. CAUNCIA CITALIANA Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent **Domestication** Dissolution/Withdrawal Merger OTHER THINGS RESERVATION QUALITICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials



## Florida Department of State, Jim Smith, Secretary of State

## **RESIGNATION OF REGISTERED AGENT**

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

ASSISTANT SECRETARY

FEE FOR FILING THIS DOCUMENT:
\$87.50-Active Corporation
\$35.00-Administratively Dissolved Corporation

Division of Corporations - P. O. Box 6327 - Tallahassee, FL 32314 CR2E046 (7-90)