F03000000653

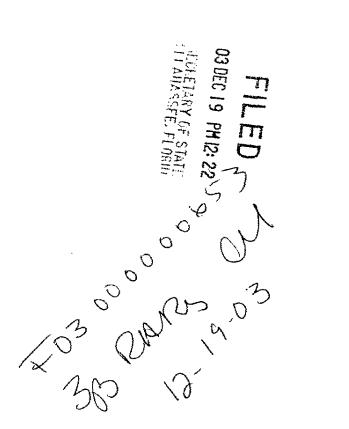
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Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					





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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations			
SUBJ!	TECT: R.R. FOX, INC.			
		(Name of Corporat	ion)	
DOC	UMENT NUMBER: F0300000	0653	· · · · · · · · · · · · · · · · · · ·	
The en	nclosed Resignation of Registered	i Agent for a Corpor	ation and fee are subm	itted for filing.
Please	e return all correspondence conce	rning this matter to th	he following:	
THE	RESA ALFIERI			
	(Name of Person)		-	:
CTC	CORPORATION SYSTEM			
	(Name of Firm/Compa	iny)	• · · · · · · · · · · · · · · · · · · ·	. 4
1118	8TH AVENUE - 13TH FLOOR			
	(Address)		-	 -
NEW	V YORK, NEW YORK 10011			
	(City/State and Zip Co	ide)	- , , ,	···
For fu	urther information concerning this	matter, please call:		
THER	RESA ALFIERI	at (212) 894 - 8516 & Daytime Telephone N	
	(Name of Person)	(Area Code	& Daytime Telephone I	Number)
Enclos or \$35	sed is a check made payable to th 5.00 for an administratively dissol	e Florida Departmen ved, voluntarily diss	t of State for \$87.50 fo olved or withdrawn co	or an active corporation rporation.
Ameno Divisio P.O. B	idment Section A ion of Corporations D Box 6327 40	treet Address: mendment Section division of Corporation O9 E. Gaines Street allahassee, FL 32399		

CR2E046(11/02)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	7.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	C T CORPORATION SYSTEM	
	(Name of Registered Agent)	•
hereby resigns as Registered Agent for _	R.R. FOX, INC. (Name of Corporation)	
F03000000653		
(Document Number, if known)	<u>-</u>	
A copy of this resignation was mailed to	the above listed corporation at its last known address.	
The agency is terminated and the office of this statement is filed.	liscontinued on the 31st day after the date on which	
_ She C	er Ess a	
(Sign	nature of Resigning Agent)	
If signing on behalf of an entity:	C 19 TARY IASSE	=
C T CORPORA	ATION SYSTEM - Theresa Alfieri	m
(T.	yped or Printed Name) SIAI 22	O
ASSI	STANT SECRETARY	
	(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