## -04000004483

•	
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## **COVER LETTER**

Amendment Section Division of Corporations
CT: LOUIS BARASCH, INC.
(Name of Corporation)
MENT NUMBER: F04000004483
losed Resignation of Registered Agent for a Corporation and fee are submitted for filin
eturn all correspondence concerning this matter to the following:
a Carter
(Name of Person)
al Corporate Research, Ltd.
(Name of Firm/Company)
outh DuPont Highway
(Address)
DE 19901
(City/State and Zip Code)
ner information concerning this matter, please call:
at ( 800 ) 483-1140
(Name of Person) (Area Code & Daytime Telephone Number)

n

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive CenterCircle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



NEW YORK, NY . ALBANY, NY . LOS ANGELES, CA . SACRAMENTO, CA . DOVER, DE . SPRINGFIELD, IL

August 11, 2008

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: LOUIS BARASCH, INC. #F04000004483

Dear Sir/Madam:

Attached for filing is an original and one copy of the Resignation of Registered Agent for the above company. Also attached is our check in the amount of \$35.00 in payment of the filing fee. Please file in your office as quickly as possible, returning evidence of the filing when issued.

If you have any questions or problems regarding this request, do not hesitate to contact this office.

Sincerely,

Brenda Carter

Registered Agent Specialist

National Corporate Research, Ltd.

BLC Enc.

## FILED

## RESIGNATION OF REGISTERED AGENT 2001 AUG 18 AM 10: 08 FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, NATIONAL CORPORATE RESEARCH, LTD., INC. (Name of Registered Agent)
hereby resigns as Registered Agent for LOUIS BARASCH, INC.  (Name of Corporation)
F0400004483
(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)
(Signature of Resigning Agent)
If signing on behalf of an entity:
Wayne Rafanelli
(Typed or Printed Name)
Vice President
(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