

# F10000003656

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

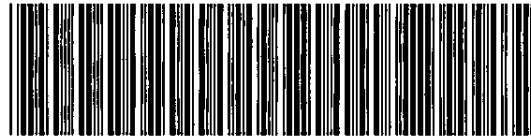
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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14 JAN 13 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

C. LEWIS

JAN 21 2014

EXAMINER

**POST & ROMERO**

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

3195 PONCE DE LEON BOULEVARD  
SUITE 400  
CORAL GABLES, FLORIDA 33134  
TEL: (305) 445-0014  
FAX: (305) 445-6872

LAW OFFICE OF  
CARLOS A. ROMERO, JR., P.A.

CARLOS A. ROMERO, JR.  
ADMITTED: FLORIDA, ILLINOIS, PUERTO RICO  
E-MAIL: [car@postandromero.com](mailto:car@postandromero.com)

ROBERT G. POST, P.A.

ROBERT G. POST  
ADMITTED: FLORIDA, NEW YORK  
E-MAIL: [rgp@postandromero.com](mailto:rgp@postandromero.com)

January 7, 2014

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

**RE: ONECONTACT, INC. - General Corporate**

Dear Gentlemen:


I enclose a Resignation of Registered Agent form for ONECONTACT, INC.

I also enclose a check made payable to the Florida Department of State in the amount of \$87.50 to cover the filing fee for the form.

If you have any question, please feel free to call me.

Sincerely yours,

POST & ROMERO

  
Carlos A. Romero, Jr.  
For the Firm

CAR/cs

Encl. - one(1) Resignation of Registered Agent form  
- one(1)WF(CAP) ck no. 5607

Cc: M.Weingarten (by email)

(OneContact/General Corporate/Resignations/LtrDivisionofCorporation010713

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

APPROVED  
AND  
FILED

14 JAN 13 AM 9:58

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, LAW OFFICE OF CARLOS A. ROMERO JR., P.A.  
(Name of Registered Agent)

hereby resigns as Registered Agent for ONECONTACT INC  
(Name of Corporation)

F10000003656

(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)

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