

City/State/Zip

Phone #

100004617391--9 -10/01/01--01028--007 *****35.00 *****35.00

Office Use Only

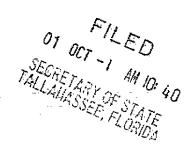
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	(Corporation Name)	(Document #)	· s
2	(Corporation Name)	(Document #)	era Arriva (Arriva)
3	(Corporation Name)	(Document #)	* 4.18** ·
4	(Corporation Name)	(Document #)	en e
	Walk in ☐ Pick up time Mail out ☐ Will wait	Photocopy	s
00000	Profit Not for Profit Limited Liability Domestication Other THER FILINGS Annual Report Fictitious Name	Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark	2 TI
		Examiner's Initials	
ODOF	021(7/07)		·

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



RESIGNATION OF REGISTERED AGENT

ruisuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	76.5	
Florida Statutes, the undersigned, MARIO R. PARDO		
(Name of registered agent)	wz 1.15m	
hereby resigns as Registered Agent for AMERICAN INTERHATIONAL		
HAND DEVELOPMENT CORP.		
Rel: F48239	7 == == *	
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)	y to the same	
If signing on behalf of an entity:		
(Typed or Printed Name)	and a second of	
(Capacity)		

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314