F94000	1006241
(Requestor's Name) (Address) (Address)	700039243817
(City/State/Zip/Phone #)	07/26/0401048010 **175.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 04 JUL 30 AM D: 27 MECHETARY OF STA
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## CT CORPORATION

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July 21, 2004

RE: A.U.L. CORP. BERNINI, INC. (NV.DOM.) (CA.DOM.)

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Dear Sir or Madam:

We enclose resignations executed in duplicate, by the agent for service of process for the above corporations. Also enclosed is 1 check in the amount of \$175.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Senior Supervisor & Assistant Secretary

TA/lk Enclosure

111 Eighth Avenue New York, NY 10011 Tel. 212 894 8940 Fox 212 590 9180

istaliant/lunar Company

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,	C T CORPORATION SYS	C T CORPORATION SYSTEM		
	(Name of Registered Agent)		<b>—</b> · -	•
hereby resigns as Registered Agent for	BERNINI, INC.	(CA.DOM.)		
	(Name of Corporation)		<sup>و</sup>	-

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(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  $\mathbf{P}$  this statement is filed.

Signature of (esigning Agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - THERESA ALFIERI (Typed or Printed Name)

ASSISTANT 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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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