## F-78UUWO1060

(Requestor's Name)  (Address)  (Address)	300181838863
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	06/14/1001039014 **35.00
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  Office Use Only	2010 JUN 14 PM 1:25
Office Use Only	

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: LARO SERVICE SYST	EMS, INC.
DOCUMENT NUMBER: F 9	(Name of Corporation)
The enclosed Resignation of Registere	ed Agent for a Corporation and fee are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
LEE HARARY	
(Name of Person	)
LEE HARARY, CPA	
(Name of Firm/Comp	pany)
1601 E AMELIA STREET	,
(Address)	<del></del>
ORLANDO, FL 32803	
(City/State and Zip C	ode)
For further information concerning the	is matter, please call:
LEE HARARY	at ( 407 ) 758-0331 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to to or \$35.00 for an administratively disse	the Florida Department of State for \$87.50 for an active corporation olved, voluntarily dissolved or withdrawn corporation.
Amendment Section Division of Corporations Clifton Building	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Fallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,LE	E HARARY	
· · · · ·	(Name of Registered Agent)	-
hereby resigns as Registered Agent for	LARO SERVICE SYSTEMS, INC.	
<b>▼</b>	(Name of Corporation)	<b>-</b> '
F 980000 1000 (Document Number, if known)	<del></del>	
A copy of this resignation was mailed to	the above listed corporation at its last known address	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which	
(Signature)	gnature of Resigning Agent)	21
If signing on behalf of an entity:		201 <b>8</b> JUN
Lee HAR.	MY CAA PA	
Lee HAR. Registered	Typed or Printed Name)  Solut	PH 1: 25

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)