## F990003876

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
	_	_
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	500	
Special Instructions to	Filing Officer:	ļ
		÷
L		

Office Use Only



300085588243

01/26/07--01007--001 \*\*122.50

SECRETARY OF STATEORS
DIVISION OF CORPORATIONS

75/12/07

## **COVER LETTER**

Divis	ion of Corporations
SUBJECT:_	U.S.GROUP CONSOLIDATOR, INC.
	(Name of Corporation)
DOCUMEN	T NUMBER: F99000003876
The enclosed	Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return	all correspondence concerning this matter to the following:
R	ROGER AMICI
	(Name of Person)
ָָּט	J.S.GROUP CONSOLIDATOR, INC.
	(Name of Firm/Company)
C	ARGO BLDG 67, JFK AIRPORT
	(Address)
J	AMACIA, N.Y. 11430
	(City/State and Zip Code)
For further ir	nformation concerning this matter, please call:
R	OGER AMICI at (718 ) 995-3610 (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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

TO:

Amendment Section



## RESIGNATION OF REGISTERED AGENT 12 PM 3: 56 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,
hereby resigns as Registered Agent for U.S.GROUP CONSOLIDATOR, INC. (Name of Corporation)
F9900003876 (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:
JoAnn Gray-Hughes (Typed or Printed Name)
Registered Agent

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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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