G47875

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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MOYLE, FLANIGAN, KATZ, BRETON, WHITE & KRASKER, P.A. ATTORNEYS AT LAW

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Post Office Delivery: P.O. Box 3888 West Palm Beach, Florida 33402-3888

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FRANCIS X. J. LYNCH Direct Line: (561) 822-0387 E-mail: flynch@moylelaw.com

Wellington Office (561) 227-1560

June 13, 2008

FEDERAL EXPRESS

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle. Tallahassee, Florida 32301

Re: Hi-Tec Associates, Inc.

To Whom It May Concern:

With regard to the above, enclosed please find the following:

- 1. the original and one (1) copy of the Resignation of Registered Agent
- 2. the original and one (1) copy of the Statement of Change of Registered Office or Registered Agent or Both
- and 3. this firm's check in the amount of \$122.50, representing the filing fee for both forms

Once the enclosed have been filed, please return the copies marked "Filed" and return to me in the enclosed self-addressed, stamped envelope.

Thank you for your assistance in this matter. Should you have any questions or comments, please feel free to contact me.

Sincerely, FR FXJL/kh Enclosures

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, JOSEPH M. GONZALEZ |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for |
| (Name of Corporation) |
| G47875 |
| (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: |
| Josoph M. Gonzalez |

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation σ

PH 12:

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