

591180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DEPARTMENT OF REVENUE

15 OCT 14 PM 4:26

NOTED FOR  
TO ACHIEVE DOB  
SUFFICIENCY OF FIDELITY

U.S. FID

15 OCT 14 PM 12:45

WALLACE, FLORIDA  
PALM BEACH, FLORIDA

R. WHITE  
OCT 15 2015  
R. WHITE

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 831795 4358260

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 87.50

ORDER DATE : October 14, 2015

ORDER TIME : 3:24 PM

ORDER NO. : 831795-005

CUSTOMER NO: 4358260

DOMESTIC FILINGS

NAME: INVERSIONES CONTINENTAL,  
U.S.A., CORP.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Inverciones Continental, U.S.A., Corp.  
(Name of Corporation)

DOCUMENT NUMBER: J91180

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:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

15 OCT 14 PM 12:46

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, Corporation Information Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for Inverciones Continental, U.S.A., Corp.

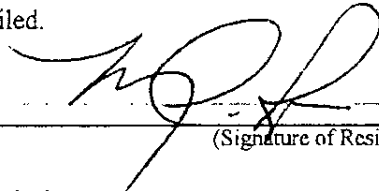
(Name of Corporation)

J91180

(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:

Mark A. Rosser

(Typed or Printed Name)

Vice President

(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