

Division of Corporations

Page 1 of 1

L02000007518

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : LAMONT & NEIMAN, P.A.
Account Number : I20000000051
Phone : (305)530-9400
Fax Number : (305)530-9409

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DIVISION OF CORPORATIONS
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REGISTERED AGENT RESIGNATION

PARADISE GROUP (USA), LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

RA Resign.

04/22/03

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARADISE GROUP (USA), LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: E02000007518

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jan. S. Neiman, Esq.

(Name of Person)

Lamont & Neiman, P.A.

(Name of Firm/Company)

One Biscayne Tower, Suite 3550

(Address)

Miami, Florida 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Jan. S. Neiman, Esq.

(Name of Person)

at (305)

530-9400

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

DN517(11/02)

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

LAMONT & NEIMAN, P.A.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for PARADISE GROUP (USA), LLC

(Name of Limited Liability Company)

L02000007518

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company 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

Jan S. Neiman

(Typed or Printed Name)

Secretary

(Capacity)

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

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