orida D**ap**artm**e**nt Division of Corporations

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From:

Account Name : BAKER & HOSTETLER LLP

Account Number : I19990000077 Phone : (407)649-4016 Fax Number : (407)841-0168

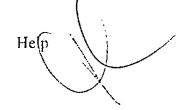
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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# REGISTERED AGENT RESIGNATION SOUTH AMERICAN IMPORTS/EXPORTS, INC.

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: South American Imports/Exports, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: L02572	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	I for filing.
Please return all correspondence concerning this matter to the following:	29.
Evelyn Rodriguez	
(Name of Person)	20731112 24
Baker & Hostetler, LLP	न हाः
(Name of Firm/Company)	EC 8: 52
200 S. Orange Avenue, SUITE 2300	52
(Address)	
Orlando, Florida 32801	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Evelyn Rodriguez 407 649-4071	
(Name of Person) (Area Code & Daytime Telephone Num	ber)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

### Mailing Address:

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

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

<u>-</u>	ons 607.0503(2), 617.0502(2), 607.1509, or 61	.7.1509,	
Florida Statutes, the undersigned,	David L. Schlek		
	(Mante of Registered Agent)		
harahu recione ac Pagistarad à gara	South American Imports/Exports, Inc.		
nereby resigns as Registered Agent for South American Imports/Exports, Inc. (Name of Corporation)			
L02572			
(Document Number, it known)	A. C.		
A copy of this resignation was ma	iled to the above listed corporation at its last k	nown address.	
this statement is filed.	office discontinued on the 31st day after the da  (Signature of Resigning Agent)		
	(Signature of Resigning Agent)	)/33	
If signing on behalf of an entity:	2073 ! ' ' ? 24		
		24	
	(Typed or Printed Name)	<del>5</del> 2	
		ית:	
		2	
	(Capacity)	<del>-</del>	

### 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