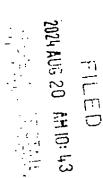
(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

	(Name of Person) (Ar	ea Code & Daytime Telephone Number)
Jeffrey	A. Deutch 561	343-6960
For fu	orther information concerning this matter, pleas	e call:
-	(City/State and Zip Code)	
Boca I	Raton, FL 33431	
	(Address)	
1905 1	NW Corporate Boulevard, Suite 310	
	(Name of Firm/Company)	
Nelsoi	n Mullins Riley & Scarborough LLP	
	(Name of Person)	
Jeffrey	A. Deutch	
Pleas	e return all correspondence concerning this mat	ter to the following:
The e	nclosed Resignation of Registered Agent for a	Corporation and fee are submitted for filing.
	UMENT NUMBER: L31127	· · · · · · · · · · · · · · · · · · ·
	(Name of C	Corporation)
SUBJ	ECT: SEVILLA-DALLAS, INC.	
TO:	Amendment Section Division of Corporations	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION
Commence of the second
FOR A CORPORATION Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, (Name of Registered Agent) SEVILLA-DALLAS INC
Florida Statutes, the undersigned, Jeffrey Deutch (Name of Registered Agent) (Name of Registered Agent)
hereby resigns as Registered Agent for SEVILLA-DALLAS, INC. (Name of Corporation)
1.31127
(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:
Jeffrey Deutch
(Typed or Printed Name)
Partner
(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