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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: ITALY ITALY, INC.
	(Name of Corporation)
DOCL	JMENT NUMBER: L 75 636
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
FERI	NANDO M. PALACIOS, ESQ.
_	(Name of Person)
LAW	OFFICES
	(Name of Firm/Company)
525 E	EAST STRAWBRIDGE AVENUE
	(Address)
MELI	BOURNE, FLORIDA 32901
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
FERN	NANDO M. PALACIOS, ESQ. at (321) 725-5525  (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

## 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, ALFREDO GIULIO
(Name of Registered Agent)
hereby resigns as Registered Agent for ITALY ITALY, INC.
(Name of Corporation)
L 75 636
(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)
ALFREDO GIULIO  (Typed or Printed Name)  (Capacity)
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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