M74681

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	• #)
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SECRETARY OF STATE
TALLAHASSEE, FLORID



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Del - Horizons, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: M74681	<u></u>
The enclosed Resignation of Registered Agent for a Corporation and fee are s	submitted for filing.
Please return all correspondence concerning this matter to the following:	
Lauren Wald	
(Name of Person)	
Murai, Wald, Biondo, Moreno & Brochin, P.A.	en e
(Name of Firm/Company)	
2 Alhambra Plaza, Penthouse 1B	. 4
(Address)	
Coral Gables, FL 33134	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Lauren Wald at (305) 444-0101	
(Name of Person) (Area Code & Daytime Teleph	ione Number)
Enclosed is a check made payable to the Florida Department of State for \$87. or \$35.00 for an administratively dissolved, voluntarily dissolved or withdray	.50 for an active corporation vn 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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, 61 617.1309	' ,	
Florida Statutes, the undersigned, Murai, Wald, Biondo, Matthews & Moreno, P.A. (Name of Registered Agent)	1.	
hereby resigns as Registered Agent for Del - Horizons, Inc. (Name of Corporation)		<i>.</i> - ·
M74681		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known a	ddress.	
The agency is terminated and the office discontinued on the 31st day after the date on w this statement is filed.	hich	
Sy board		
(Signature of Resigning Agent)		
If signing on behalf of an entity:	·	
Gerald Biondo	TASE 06	
(Typed or Printed Name)	06 APR 21 SECRETAL	드
Partner	55.72 ·	FILED
(Capacity)	AM 11: 39 OF STATE EE, FLORID	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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