## N03000007416

| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
| Special insulations to 1 ling officer.  |  |  |  |  |  |
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CONETARY OF STATE

LAMASSEE, FLORIG.

NO 70 3 MARS

## TRANSMITTAL LETTER

| TO:                      | Amendment Section<br>Division of Corporat   | ions  |   |  |  |   |
|--------------------------|---|---|---|--|--|---|
| SUBJ                     | JECT:   | FRIENDS IN AC                               |   | •  |  |   |
|                          |   | (Nam  | e of Corporatio   | n)                                       |  |   |
| DOC                      | UMENT NUMBER:_  | N03000007416                                |   |  |  |   |
| The e                    | nclosed Resignation of  | Registered Agent                            | for a Corporat  | ion and fee are su                       | bmitted for filing.                      |   |
| Please                   | e return all corresponde  | nce concerning thi                          | is matter to the  | following:                               |  |   |
|                          | Pablo   | C. Guido                                    |   |  |  |   |
|                          | (Name   | of Person)                                  |   |  |  |   |
|                          | Friends in Acti   | ion for RAAN, In                            | C.  |  |  |   |
|                          | (Name of F  | Firm/Company)                               | · · · · · · · · · · · · · · · · · · ·                                   |  |  |   |
| 836                      | SW 1st Street #204  | <u> </u>                                    | Address)  |  |  |   |
|                          | (Ac   | ddress)                                     |   |  | •  |   |
|                          | Miami, F  | lorida 33130                                |   |  |  |   |
|                          | (City/State   | and Zip Code)                               | 10.000  |  | •  |   |
| For fu                   | urther information conc   | erning this matter,                         | please call:  |  |  |   |
|                          | Fulvia Morg   | an at                                       | ( 305 )   | 255-1858<br>& Daytime Telepho            |  |   |
|                          | (Name of Pers   | on)   | (Area Code 8  | & Daytime Telepho                        | ne Number)                               |   |
| Enclo<br>or \$35         | sed is a check made pa<br>5.00 for an administrati                                | yable to the Florida<br>vely dissolved, vol | a Department of untarily dissol   | of State for \$87.50<br>ved or withdrawn | 0 for an active corporation corporation. | ì |
| Amen<br>Divisi<br>P.O. E | ng Address:<br>dment Section<br>on of Corporations<br>Box 6327<br>assee, FL 32314 | Division o<br>409 E. Ga                     | dress:<br>ent Section<br>of Corporations<br>ines Street<br>ee, FL 32399 |  |  |   |

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0                             | 0502(2), 617.0502(2), 607.1509, or 617.1509,           |        |  |  |
|--|--|--------|--|--|
| Florida Statutes, the undersigned,                                       | FULVIA MORGAN (Name of Registered Agent)               |        |  |  |
| hereby resigns as Registered Agent for                                   | Friends in Action for RAAN, Inc. (Name of Corporation) |        |  |  |
| N03000007416   |  |        |  |  |
| (Document Number, if known)  |  |        |  |  |
|  | e above listed corporation at its last known address.  |        |  |  |
| The agency is terminated and the office disc<br>this statement is filed. | continued on the 31st day after the date on which      |        |  |  |
| - Felvia<br>(Signati   | Morgan CE Sure of Resigning Agent)                     | }<br>1 |  |  |
| If signing on behalf of an entity:                                       | TARY OF SASSEE, FI                                     | = 1    |  |  |
| (Туре  | ed or Printed Name)                                    | ?<br>2 |  |  |
|  | (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