## N09000002723

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	į
Special Instructions to Filing Officer:	
·	

Office Use Only



700194182127

02/16/11--01035--007 \*\*87.50

Alesign Resign 2-17-11



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: NICARAGUZIN ÁMERICAN OURNALIST SOCIETY, INC (Name of Corporation)
DOCUMENT NUMBER: NO 9 00000 2723.
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SERGIO N. BOFFELLI (Name of Person)
(Name of Person)
(Name of Firm/Company)  13721 5.W. 84th. 5t., Uxi+ E  (Address)
(Address)
MIAMI, FL 33183 (City/State and Zip Code)
For further information concerning this matter, please call:
SERGION · BOFFELLi at (786) 712 2733.  (Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, _	SERGIO (Nar	N. C	OFFELLI Agent)	
hereby resigns as Registered Agent				<u>ist</u> e
(Document Number, if known)	<u>72</u> 3.			
A copy of this resignation was maile	ed to the above listed	corporation at	its last known address	·•
The agency is terminated and the off this statement is filed.	fice discontinued on		ter the date on which	
If signing on behalf of an entity:	(Typed or Printed Na		2011 FEB 16 SECRETARY	
·····	(Capacity)		E.FLORION	Ö

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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