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## **COVER LETTER**

Division of Corporations	
SUBJECT: PC Reguladores LEMC, Inc.	
(Name of Corporation	on)
DOCUMENT NUMBER: N1000006653	
The enclosed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing.
Please return all correspondence concerning this matter to th	e following:
Caren Roybal	
(Name of Person)	r
Caren Roybal, P.A.	
(Name of Firm/Company)	
P.O. Box 1642	
(Address)	
Panama City, FL 32402-1642	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Caren Roybal at ( 850	774-2180
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

TO:

Amendment Section

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, Mid	chael Streichert	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	PC Reguladores LEMC, Inc.	
, , ,	(Name of Corporation)	
N1000006653		
(Document Number, if known)	<del>_</del>	
A copy of this resignation was mailed to	the above listed corporation at its last known address.	
this statement is filed.	discontinued on the 31st day after the date on which  gnature of Resigning Agent)	
If signing on behalf of an entity:	10 OS	)
(	Typed or Printed Name)	STEP ST
	(Capacity) (Capacity)	語

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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