

N13000005791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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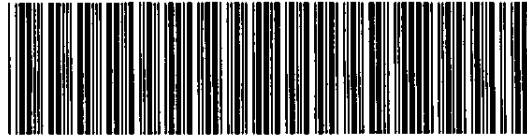
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR 27 PM 2:38

C.L.
5-4-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ELPAS-USA FOUNDATION INC
(Name of Corporation)

DOCUMENT NUMBER: N13000005791

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:

LAZARO PORTOMENE

(Name of Person)

YITOS GROUP OF MIAMI, LLC

(Name of Firm/Company)

8500 SW 8 STREET SUITE 266

(Address)

MIAMI FLORIDA 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

LAZARO PORTOMENE at 305 262 7979
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

15 APR 27 PM 2:38

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, YITOS GROUP OF MIAMI, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for ELPAS-USA FOUNDATION INC
(Name of Corporation)

(Name of Corporation)

N13000005791

(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)

If signing on behalf of an entity:

LAZARO PORTOMENE

(Typed or Printed Name)

(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withdrawn corporation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