

N15000002791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

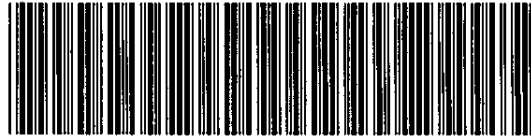
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR 27 AM 11:10

C.L.  
4-2-15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FUNDACION AGUIRIANO PARA NINOS DESAMPARADOS INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N15000002791

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:

**NOEMI AGUIRIANO**

(Name of Person)

RFUNDACION AGUIRIANO PARA NINOS DESAMPARADOS, INC.

(Name of Firm/Company)

**1540 NE 173RD STREET**

(Address)

**NORTH MIAMI BEACH, FL 33162**

(City/State and Zip Code)

For further information concerning this matter, please call:

**NOEMI AGUIRIANO** at (305) 785-8828  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT** 15 MAR 27 AM 11:10  
**FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, ROSARIO ACCOUNTING & IMMIGRATION SERV. INC.  
(Name of Registered Agent)

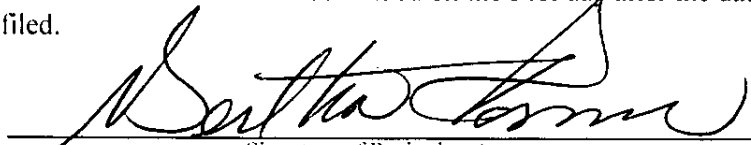
hereby resigns as Registered Agent for FUNDACION AGUIRIANO PARA NINOS DESAMPARADOS, INC.  
(Name of Corporation)

N15000002791

(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:

BERTHA ROSARIO

(Typed or Printed Name)

DIRECTOR

(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**