## P00000010617

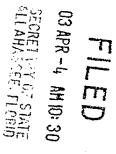
| (Rec                      | questor's Name)   |           |  |  |  |  |
|---------------------------|-------------------|-----------|--|--|--|--|
| . (Address)               |                   |           |  |  |  |  |
| (Add                      | dress)            | ·····     |  |  |  |  |
| (City                     | //State/Zip/Phone | • #)      |  |  |  |  |
| PICK-UP                   | ☐ WAIT            | MAIL      |  |  |  |  |
| (Bus                      | siness Entity Nan | ne)       |  |  |  |  |
| (Document Number)         |                   |           |  |  |  |  |
| Certified Copies          | _Certificates     | of Status |  |  |  |  |
| Special Instructions to F | Filing Officer:   |           |  |  |  |  |
|                           |                   |           |  |  |  |  |
|                           |                   |           |  |  |  |  |
|                           |                   |           |  |  |  |  |





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04/03/03--01006--033 \*\*193.00



Cooperation

## TRANSMITTAL LETTER

| TO:                     | TO: Amendment Section Division of Corporations  |  |  |  |  |  |  |  |
|-------------------------|---|--|--|--|--|--|--|--|
| SUB.                    | JECT: Lovely Sea Inc.   |  |  |  |  |  |  |  |
|                         | (Name of Corporation)   |  |  |  |  |  |  |  |
| DOC                     | UMENT NUMBER:   |  |  |  |  |  |  |  |
| The e                   | enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing  |  |  |  |  |  |  |  |
| Pleas                   | e return all correspondence concerning this matter to the following:  |  |  |  |  |  |  |  |
|                         | Lynn Nguyen   |  |  |  |  |  |  |  |
|                         | Lynn Nguyen (Name of Person)  |  |  |  |  |  |  |  |
|                         | (Name of Firm/Company)  |  |  |  |  |  |  |  |
|                         | 8730 Fulf Beach Hwy (Address)   |  |  |  |  |  |  |  |
|                         | Pensacola, FL 30607<br>(City/State and Zip Code)  |  |  |  |  |  |  |  |
| For fi                  | urther information concerning this matter, please call:   |  |  |  |  |  |  |  |
| <del></del>             | Lynn Ngwyen at (SGD) 450-0410 (Name of Person) (Area Code & Daytime Telephone Number)   |  |  |  |  |  |  |  |
| Enclo                   | osed is a check for \$35.00 made payable to the Florida Department of State.  |  |  |  |  |  |  |  |
| Amer<br>Divis<br>P.O. I | ing Address: Indment Section It ion of Corporations Box 6327 It is a see, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |  |  |  |  |  |  |  |

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of section                        |                                       |                     | .), 607.15 <b>0</b> 9, 6 | or 617.1509,      |   |
|--|---------------------------------------|---------------------|--------------------------|-------------------|---|
| Florida Statutes, the undersigned, _                         | Lynn r                                | Quyon<br>(Name of R | egistered Agent)         | <del></del>       |   |
| hereby resigns as Registered Agent                           | for                                   | (Name of            | Corporation)             |                   |   |
| (Document Number, if known)                                  | <u></u>                               |                     |                          |                   |   |
| A copy of this resignation was maile                         | ed to the above                       | e listed corpo      | ration at its la         | st known address. |   |
| The agency is terminated and the of this statement is filed. | fice discontinu                       | aed on the 31       | st day after the         | e date on which   |   |
| $\mathcal{G}$  | , , , , , , , , , , , , , , , , , , , |                     |                          |                   |   |
|  | Gignature of R                        | esigning Agent)     |                          |                   |   |
| If signing on behalf of an entity:                           | #*<br>2*                              | •                   |                          | APR-              |   |
|  | y state                               |                     |                          | RY OF             |   |
|  | (Typed or Pri                         | nted Name)          |                          | HIO: 30           | Ö |
|  | (Capa                                 | acity)              |                          |                   |   |

## 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