## 0000014127 Requester's Name \_--P.S.C.M., INC. 1548 Brickell Avenue 000007277190--0 -08/22/02--01019--017 \*\*\*\*\*87.50 \*\*\*\*\*87.50 Suite #100 Miami, Florida 33129 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Certified Copy Pick up time Certificate of Status Photocopy Will wait **NEW FILINGS** AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** Foreign Annual Report Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.	1509,		
Florida Statutes, the undersigned, PIERO SAUSSOUA (Name of registered agent)		<u> </u>	
hereby resigns as Registered Agent for ARIETETOUR, COH, INC. (Name of corporation)			
A copy of this resignation was mailed to the above listed corporation at its last know	vn addre	∋ss.	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.  (Signature of resigning agent)  If signing on behalf of an entity:	SEGRETARY SALLAHASSE	02 AUG 23	and the same of th
(Typed or Printed Name)	OF STATE E. FLORID	PM 1:08	
(Capacity)		-	

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314