P000000 32320

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. (Requestor's Name)
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RA Resign, 2/1/03

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SCINTILCATE, IM. (Name of Corporation)
DOCUMENT NUMBER: P 000000 32320
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:
VADIM KARAPETYAN (Name of Person)
(Name of Firm/Company)
19616 E. COUNTRY CLUB DR. (Address)
AVENTURA, FL 33/8-0 (City/State and Zip Code)
For further information concerning this matter, please call:
VADIM KARAPETY AN at (305) 773 - 2003 (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of State for \$87.50 for an active corporation \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT /A

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, VADIM KARAPETYAN (Name of Registered Agent)
hereby resigns as Registered Agent for SCHNFILLATE,/NC,
P 000000 32320 (Document Number, if known)
(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:
(Typed or Printed Name)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)