POCCOOLO 4803

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Phone #

City/State/Zip

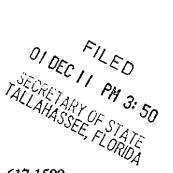
L	(Document #)
(Čorporation Name)	(Document 11)
(Corporation Name)	(Document #) 5000047194555 -12/11/0101088002
3(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS ASS S
Profit	Amendment Resignation of R.A., Officer/Director
Not for ProfitLimited Liability	Change of Registered Agent
Domestication Other	☐ Change of Registered Agent ☐ Dissolution/Withdrawal ☐ Merger ☐ Merger ☐ Total Tot
OTHER FILINGS	Merger REGISTRATION/QUALIFICATION S S S S S S S S S S S S S
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

T BROWN DEC 1 4 2001

Examiner's Initials

RESIGNATION OF REGISTERED AGENT



$\sim \omega_A$
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, <u>EVGENE VALINAGGI</u>
(Name of registered agent)
· · · · · · · · · · · · · · · · · · ·
hereby resigns as Registered Agent for LISENO INC., 12109 U.S. HIGHWAY 19
hereby resigns as Registered Agent for LISENO INC., 12109 U.S. HIGHWAY 19 (Name of corporation) HUDSON, FL 34667
P00000048 631
A copy of this resignation was mailed to the above listed corporation at its last known address.
11 oop of this resignation was then on the above the corporation as its fact and the accuracy
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
X GGCAL (Signature of ferguing agent) EUGENE VALINAGGI DATE: 06-8/-0/ If signing on behalf of an entity:
nla
(Typed or Printed Name)
n/ω

STATE OF FLORIDA COUNTY OF HERNANDO

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS 21ST DAY OF JUNE 2001 BY WUGENE VALINAGGI WOH PRODUCED A FLORIDA DRIVERS LICENSE AS IDENTIFICATION

(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

