

P000000048031

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip      Phone #

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 500004719455--5  
-12/11/01--01088--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy
- ☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☒ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
01 DEC 11 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

**RESIGNATION OF REGISTERED AGENT**

FILED  
01 DEC 11 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, EUGENE VALINAGGI

(Name of registered agent)

hereby resigns as Registered Agent for LISENO INC., 12109 U.S. HIGHWAY 19

(Name of corporation)

HUDSON, FL 34667

P00000048031

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.

Eugene Valinaggi  
(Signature of resigning agent)

EUGENE VALINAGGI

DATE: 06-21-01

If signing on behalf of an entity:

n/a

(Typed or Printed Name)

n/a

(Capacity)

STATE OF FLORIDA  
COUNTY OF HERNANDO

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

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Donna M. Fuller

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

