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(City/State/Zip/Phone #)	05/25/0401046010 **52.50
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	US./20/04 -01020010 **35.00 O4 MAY 25 AH 11:08 TALLAHASSEE FLUE FLED
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CORPORATION NAME(S) & DOCUMEN	NT NUMBER(S) (if known):
, LA CANDELARIA	MARKET& GROCERVINC.
(Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
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	Examiner's Initials

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Examiner's Initials



May 20, 2004

LAZARUS

TALLAHASSEE, FL

SUBJECT: LA CANDELARIA MARKET & GROCERY, INC. Ref. Number: P00000051718

We have received your document for LA CANDELARIA MARKET & GROCERY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 604A00035696

DIVISION OF CLIDERATION 04 MAY 25 AM 10: 31 NECLIVED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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

Florida Statutes, the undersigned,	LUIS H. CASTRO	til sige
.	(Name of Registered Agent)	
hereby resigns as Registered Agent for	LA CANDELARIA MARKET & GROCERY INC (Name of Corporation)	• • •

P00000051718

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(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:

FELIX DIAZ	SECRE	04 MA)	
(Typed or Printed Name)	HARY ASSE	125	FIL
RESIDENT AGENT	OF SI	AN II	ШD
(Capacity)	(ATE	90 :	

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 \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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