## P000000 72600

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SEURLIARY OF STATE ALLAHASSEE, FLORIDA

I IAN 20 AMII:

R.A. Resign

C. Ocullette JAN 3 1 20071

## **COVER LETTER**

SUBJECT. ITALIAN VILLAGE CORPORATION	
DODULC 1.	
(Name of Corporation)	
DOCUMENT NUMBER: P00000072600	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the following:	
LOUIS A. SUPRASKI, ESQ.	
(Name of Person)	
LOUIS A. SUPRASKI, P.A.	
(Name of Firm/Company)	
2450 NE MIAMI GARDENS DRIVE, 2ND FL	
(Address)	
MIAMI, FL 33180	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
LOUIS A. SUPRASKI, ESQ. at (305) 792-0060 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## 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, ZEEV HECHTER  (Name of Registered Agent)			
hereby resigns as Registered Agent forITALIAN VILLAGE CORPORATION		,	
(Name of Corporation)			
P00000072600			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last kno	wn addre	SS.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which	l	
Zam. V. Helling	_ 1		
(Signature of Resigning Agent)	≱ု	201	
If signing on behalf of an entity:	LAHAS	2007 JAN 29	<b>-</b>
	SEE SEE	.9	
(Typed or Printed Name)	. '`⊆'	<b>&gt;&gt;</b>	
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## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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)