P00000072636

| (Req | uestor's Name) | |
|---|------------------|-------------|
| (Add | iress) | |
| (Add | iress) | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
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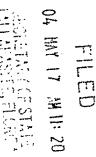
Office Use Only



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U5/17/U4--U1047--U19 **87.50

PA lesign Thuis





May 4, 2004

MARIA ANTONIETA LARRAZ 2311 S.W. 15TH ST. MIAMI, FL 33145

SUBJECT: IN TOUCH 2000, INC. Ref. Number: P00000072636

We have received your document for IN TOUCH 2000, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Letter Number: 304A00030422

Thelma Lewis
Document Specialist Supervisor

April 29, 2004

To Whom it May Concern:

Please note that the new address for LETICIA MERCADO and IN TOUCH 2000, INC. Is:

2855 S.W. 22 St. Miami, Florida 33145

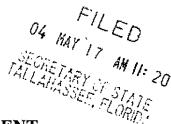
Thank you.

Sincereley,

Maria Antonieta Larraz

2311 S.W. 15 St.

Miami, Florida 33145



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, HARIA ANTONIETA LARRAZ (Name of Registered Agent) |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for In Touch 2000, INC. |
| (Name of Corporation) |
| P000000 7263C |
| (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. |
| |
| Maria C Saman |
| (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| |
| (Typed or Printed Name) |
| |
| (Capacity) |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Fiorida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314