

P00000081739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

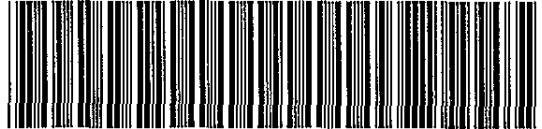
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 JUL -8 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/05/05--01043--003 **87.50

*Rec'd CR
7-8-05*

CFRA, LLC
Registered Agent Services
A Subsidiary of Carlton Fields

PHYSICAL ADDRESS:
CORPORATE CENTER THREE AT INTERNATIONAL PLAZA
4221 W BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FLORIDA 33607-5736

MAILING ADDRESS:
P. O. BOX 3239
TAMPA, FLORIDA 33601-3239
TEL (813) 223-7000 FAX (813) 229-4133

June 30, 2005

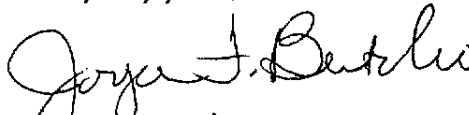
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Resignation of Registered Agent – Riccardi Enterprises, Inc.

Gentlemen:

Please find enclosed a Resignation of Registered Agent form for Riccardi Enterprises, Inc.
Also enclosed is Carlton Fields' Check No. 370337 in the amount of \$87.50 for the filing fee.

Very truly yours,


Joyce F. Bentubo
Administrative Assistant

JFB/mlb
Enclosures

RESIGNATION OF REGISTERED AGENT

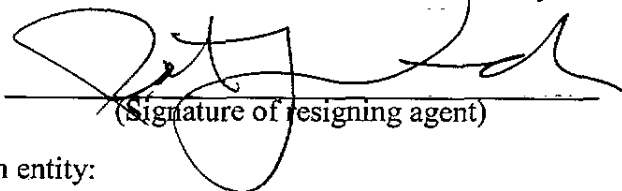
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CFRA, LLC
(Name of registered agent)

hereby resigns as Registered Agent for Riccardi Enterprises, Inc.
(Name of corporation)

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:

(Typed or Printed Name)

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CR2E046(9/98)