P00000105000

(Requestor's Name)	
Luis Velez 397 Leawood crecle Naples, Fl. 34104 (City/State/Zip/Phone #)	
(City/State/Zip/Pnone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Analytica Corporation (Name of Corporation)	
DOCUMENT NUMBER: Pasa 105 acc	
The enclosed Resignation of Registered Agent for a Corporation and fee are submi	tted for filing.
Please return all correspondence concerning this matter to the following:	
Name of Person)	
(Name of Person)	
(Name of Firm/Company)	
16541 5W 82 Terva (Address)	
MIAHI	
For further information concerning this matter, please call:	
OSE VEIEZ at (786) 308-0346 (Name of Person) (Area Code & Daytime Telephone N	lumber)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn con	r an active corporation poration.
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	



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2006

LUIS VELEZ 397 LEAWOOD CIRCLE NAPLES, FL 34104

SUBJECT: ANALYTICA CORPORATION

Ref. Number: P00000105000

Upon receipt of your letter and/or check(s) totaling \$87.50, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Document Specialist

Letter Number: 706A00046836

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તું કાર્ક્કુોમલ્ડ form must be completed in order to the the decument.

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 Velez (Name of Registered Agent)
hereby resigns as Registered Agent for Analytica Coepocation, (Name of Corporation)
<u>Poo 00 105000</u> (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: OF O
(Typed or Printed Name)
ORATIO ORATIO
(Capacity)

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