01000004453

Sergio Areces 1400 S.W 124 PI. Miami, Fl 33184 Phone # City/State/Zip Office Use Only

| DRPORATION NAME(S) & DOCU | 100051141017 -03/18/0201084018 *****35.00 ******35.00 |
|---|--|
| (Corporation Name) | (Document #) |
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| (Corporation Name) | (Document #) 100051141017 -04/05/0201013001 *****52.50 ******52.50 |
| (Corporation Name) | (Document #) |
| ☐ Walk in ☐ Pick up time _ | Certified Copy |
| ☐ Mail out ☐ Will wait | Photocopy |
| Profit Not for Profit Limited Liability Domestication Other THER FILINGS Annual Report Fictitious Name | AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other |
| | Examiner's Initials |

CR2E031(7/97)





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 26, 2002

SERGIO ARECES 1400 SW 124TH PL. MIAMI, FL 33184

SUBJECT: RHINO PC CORP Ref. Number: P01000004453

We have received your document for RHINO PC CORP 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):

The fee to file a resignation of registered agent for an active corporation is \$87.50. Please remit the difference of 52.50.

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) 245-6908.

Anna Chesnut Corporate Specialist

Letter Number: 902A00018003

02 APR -4 PH 12: 34

RESIGNATION OF REGISTERED AGENT

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 61 | | |
|--|-----------------------------------|-----------------|
| Florida Statutes, the undersigned, Sergio Areces (Name of registered agent) | <u>.</u> | |
| , , , | | |
| hereby resigns as Registered Agent for Rhino PC Corp. (Name of corporation) | | |
| (Name of corporation) | | |
| | | |
| A copy of this resignation was mailed to the above listed corporation at its last kno | wn address. | |
| | 1. 1 . 1. | |
| The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. | on which | |
| | | |
| | As o | |
| | 02 APR -5 SECRETARY ALLAHASSE | |
| (Signature of resigning agent) | | - I |
| If signing on behalf of an entity: | | S. Contractions |
| | PM 2: 10 OF STATE E. FLORIO | |
| Typed or Printed Name) | 102 S | |
| (Typed or Printed Name) | 2: 10 STATE LORID | |
| | To | |
| registère à Agent (Capacity) | | |
| (Capacity) | - | |

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