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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: RICHARD CUELLO M.D. P.A.	
	(Name of Corporation)	
oct	JMENT NUMBER: P01000024238	
Γhe en	aclosed Resignation of Registered Agent for a Corporation and fee are submitted for fili	ng.
Please	return all correspondence concerning this matter to the following:	
VIVIA	AN WILLIAMS	
	(Name of Person)	
DAD	E CORPORATE SERVICES, INC	
	(Name of Firm/Company)	
2300	CORAL WAY SUITE 200	
	(Address)	
MIAN	MI, FL 33145	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, please call:	
VIVIA	AN WILLIAMS at (305) 856-0056	
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

SECRETARY OF STATE TALL AHASSEE, FLORIOA

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CR2E046(08/05)

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, DADE CORPORATE SERVICES, INC		
(Name of Registered Agent)		
hereby resigns as Registered Agent for RICHARD CUELLO M.D. P.A		
(Name of Corporation)		
P01000024238		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known address	SS.	
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:		
VIVIAN WILLIAMS (Typed or Printed Name)	SECRETA	<u>.</u>
PRESIDENT (Capacity)	BY OF S	
	∑ <u>~</u>	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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