## P01000027068

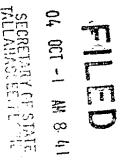
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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On 10 Time

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MIXFLOWERS, COM, INC. (Name of Corporation)
DOCUMENT NUMBER: PO1000027068
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
EOU POO VARGAS (Name of Person)
SOLUTIOUS STAFFING (Name of Firm/Company)
P.O. BOX 52-6404 (Address)
WANT FL 33152 (City/State and Zip Code)
For further information concerning this matter, please call:
EOUPEON VARIOS at (305) 47 - 6220 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active cor or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

orporation

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, TINJACA, HECTOR A, hereby resign as_	PD (Title)
of MIXFLOWERS. COM, INC. (Name of Corporation)	,
PO10000 270 68, a corporation organized un (Document Number, if known)	der the laws of the State of
FLORICA	SECRET.
	SSECTION AND ADDRESS OF THE PARTY OF THE PAR
(Signature of resigning officer/direc	tor)

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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