

PO1000031133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

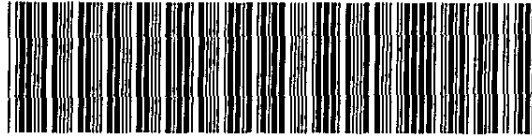
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600045793756

02/07/05--01015--011 **35.00

FILED
05 FEB -7 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BA Res
TS 2/10/05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Downtheaisleonline.com, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P01000031133

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:

Stanley Parnes
(Name of Person)

c/o Len Aronoff, Esq.
(Name of Firm/Company)

2110 Fredrica Drive
(Address)

Orlando, FL 32812
(City/State and Zip Code)

For further information concerning this matter, please call:

Len Aronoff, Esq. at (407) 277-4546
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State for \$87.50 for an active an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved, or withdrawn corporation.

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

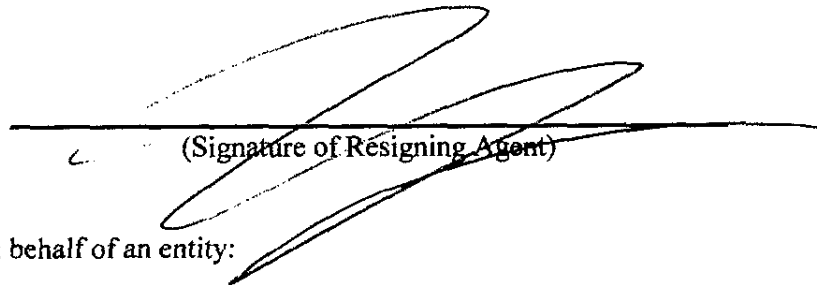
**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
05 FEB -7 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.502(2), 607.1509, or
617.1509, Florida Statutes, the undersigned, Joseph C. Perzan, hereby resigns
(Name of Registered Agent)

Registered Agent for Downtheaisleonline.com, Inc., P01000031133
(Name of Corporation) (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:

(Type or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 – Active Corporation

\$35.00 – Administrative dissolved/voluntarily dissolved/
withdrawn corporation

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

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