P01000073501

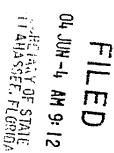
(Requ	uestor's Name)	
(Addr	ess)	
(Address)		
(City/s	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
<u></u>		





400037516624

06/09/04--01024--020 **87.50



20° CONTRACTOR OF THE PORT OF

To Whom It May Concern:

I Roger Seepaul am in anyway affiliated with Nu Image Assoc.

I never signed any documents stating that I am the registered agent for Nu Image Assoc. and has never been.

Any document contained by your organization is a false misrepresentation of my signature.

I'm kindly asking if there is ant documents in your possession with my signature can you please send me a copy at

Roger Seepaul 1149 Nw 46th Av. Fort Lauderdale Florida 33313.

Thanking you in advance for your co operation.

TCL # 954-536-2814

Yours Sincerely,

Roger Seenaul

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Nu IMAGE ASSOCIATES INC. (Name of Corporation)
DOCUMENT NUMBER: PO 10 000 13501
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:
ROGER SEPAUL (Name of Person)
Nu Inace Associates Inc. (Name of Firm/Company)
3337 APACHE LANE (Address)
MARCATE, FL. 33063. (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 536 2814. (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ROGER SEEPAML. (Name of Registered Agent)
hereby resigns as Registered Agent for NW IMAGE ASSOCIATES ING. (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:
(Typed or Printed Name) (Typed or Printed Name) (Typed or Printed Name)
(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