P01000096966

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400030470794

03/17/04--01044--007 **35.00

O4 MAR 17 AM 10: 26
SECRETARY OF STATE

C. Coulliste MAR 2 2 2004

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Deluxe Windows Fashions, Inc. (Name of Corporation) DOCUMENT NUMBER: POIDODO 9 6 9 6 6	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing	ıg.
Please return all correspondence concerning this matter to the following:	
Name of Person)	
(Name of Firm/Company)	
2521 SW 25 Street (Address)	-
MIAMI FL 33133 (City/State and Zip Code)	
For further information concerning this matter, please call:	
LISA LIPTON at (305) 298-0968 (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Department of State for \$87.50 for an active or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	corporation

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

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.0502(2), 607.1509, or 617.0502(2), 617.0	.1509,
Florida Statutes, the undersigned, (Name of Registered Agent)	
hereby resigns as Registered Agent for Delux e Winow fast	wons, Inc.
POI DO 0 9 6 9 6 6 (Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Resigning Agent)	on which
If signing on behalf of an entity:	04 MAR SECRET TALLAHI
(Typed or Printed Name) Registreed Agent (Capacity)	ILED 17 MIO: 26 ARY OF STAT ASSEE, FLORI

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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