

PO1000114254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

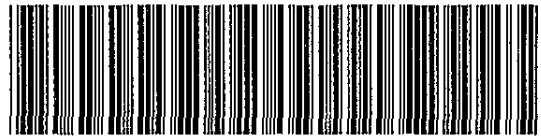
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/03/03--01072--008 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Design
T. Lewis 3/11/03

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03 MAR -3 AM 8 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Statutes, the undersigned, BRASILEIRO, DESPACHANTE
(Name of Registered Agent)

P01000114254
(Document Number, if known)

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

U. Brainerio - Brainerio, Despachante
(Signature of Resigning Agent)

(Typed or Printed Name)

(Capacity)

\$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withdrawn corporation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