## P01339

(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



100078975551

Resignation

08/24/06--01007--019 \*\*35.00

DIVISION OF 24 AM 8: 32

1000 g (20100

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations
SUBJ	ECT; PIXIUS PROPERTIES N.V., INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P01339
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Ped	ro A. Martin
	(Name of Person)
Gree	enberg Traurig, P.A.
	(Name of Firm/Company)
122	1 Brickell Avenue
	(Address)
Miar	mi, FL 33131
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Pedr	to A. Martin at ( 305 ) 579-0545 (Name of Person) (Area Code & Daytime Telephone Number)
	(riamo or ration)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2006 AUG 24 AM 8: 32

## 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 unders	rsigned, Pedro A. Martin	
, , , ,	(Name of Registered Agent)	
hereby resigns as Registere	red Agent for PIXIUS PROPERTIES N.V., INC.	
	(Name of Corporation)	<b>.</b>
P01339		
(Document Number, if	f known)	
A copy of this resignation v	was mailed to the above listed corporation at its last known address.	
The agency is terminated at this statement is filed.	and the office discontinued on the 31st day after the date on which (Signature of Resigning Agent)	s e S s s s s s s s s s s s s s s s s s s s
If signing on behalf of an e	entity:	
Pedro	o A. Martin	, .
	(Typed or Printed Name)	•
Regist	stered Agent	
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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