P0200009735

(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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Special Instructions to Filing Officer:





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SLUKETARY OF STAIL FALLAHASSEE, FLORIDA

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COVER LETTER

	Amendment Section Division of Corporations	
SUBJE	ECT: South Pacific Flowers Inc.	
	(Name of Corporation)	
DOCU	MENT NUMBER: P02000009735	
The end	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing	ng.
Please r	return all correspondence concerning this matter to the following:	
Jose /	Alvarez	
	(Name of Person)	
Trans	sglobal Corporate Administration LLC	
	(Name of Firm/Company)	
520 B	Brickell Key Drive Suite O-305	
	(Address)	
Miami	i, Florida 33131	
	(City/State and Zip Code)	
For furt	ther information concerning this matter, please call:	
Jose A	Alvarez <u>at (305) 349-1510</u>	
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



RESIGNATION OF REGISTERED AGENTMAR 21 AM 7:54

Pursuant to the pr	ovisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509, FLORI		
Florida Statutes, t	ha undersioned Tra	ansglobal Corporate Administration Inc.		
riorida Statutes, t	ne undersigned,	(Name of Registered Agent)		
hereby resigns as	Registered Agent for	South Pacific Flowers Inc. (Name of Corporation)		
P0200009735				
(Document)	Number, if known)	_		
A copy of this res	ignation was mailed to	the above listed corporation at its last known address.		
The agency is terr this statement is f		discontinued on the 31st day after the date on which		
•	(Sig	gnature of Resigning Agent)		
If signing on beha	lf of an entity:			
•	Marco Rojas			
-	(Typed or Printed Name)		
	Director			
-		(Capacity)		

4

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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