P02000081314

(Red	questor's Name)	
(Add	dress)	
· ·	,	
(Add	dress)	
(C)	//State/Zip/Phone	40
(Cit)	//State/Zip/Pflone	± #j
PICK-UP	MAIT WAIT	MAIL
-	Table blan	
(Bus	siness Entity Nar	ne)
(Dod	cument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		-
	Office Use On	lv



400019080584

MARCHAN SALVANDA SALVANDA

06/09/03--01075--022 **122.50

FILED SON 4:48 C SON STANDS REPRESENTED ROLL OF STANDS REF. FLORRIS.

TRANSMITTAL LETTER

ıs	_			
		ation)	<u> </u>	<u>. </u>
,		, 10 -	<u> </u>	<u>,</u>
egistered Agent	for a Corpo	ration and fee a	re submitted fo	or filing.
e concerning th	nis matter to	the following:		
Person)		_ :	<u>.</u> <u></u>	
n/Company)	7 =		- 12 ·	
ess)		_· · · · · * · · ·	李连	
		,, 'U.	Zyn 3, 1 Mer	
ning this matter	, please call:			
	t (23 <u>9</u> (Area Cod			<u>s</u>
	(National Post (Natio	(Name of Corpora P02000081314 egistered Agent for a Corpora re concerning this matter to Person) (Person) (Company) (Company)	(Name of Corporation) PO2000081314 egistered Agent for a Corporation and fee a concerning this matter to the following: Person) Person) m/Company) ress) at (239) 945- 54	(Name of Corporation) P02000081314 egistered Agent for a Corporation and fee are submitted for econcerning this matter to the following: Person) n/Company) ress) at (239) 945-5430

on or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 $607.0502\overline{(2)}$, $617.0502(2)$, 607.1509 , or 617.1509 ,
Florida Statutes, the undersigned, BROOKE LEONARD (Name of Registered Agent)
hereby resigns as Registered Agent for TILE OUTLET II TRADING. INC. (Name of Corporation)
PO2Q00081314 (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.
Brook (Signature of Resigning Agent)
If signing on behalf of an entity:
(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withdrawn corporation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