

PO2000082570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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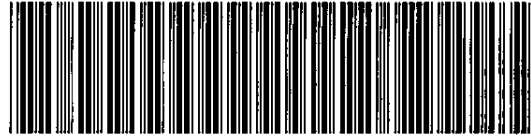
(Business Entity Name)

(Document Number)

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**COVER LETTER**

SEPT/5/2011

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BICONCONSULTING INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000082570

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATHIAS VERMEHREN  
(Name of Person)

(Name of Firm/Company)

3350 SW 148TH AVENUE, SUITE 110  
(Address)

MIRAMAR, FL 33027  
(City/State and Zip Code)

For further information concerning this matter, please call:

MATHIAS VERMEHREN at ( 954 ) 4046001  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Statutes, the undersigned, MATHIAS J. VERMEHREN  
(Name of Registered Agent)

hereby resigns as Registered Agent for BICONCONSULTING INC.  
(Name of Corporation)

P02000082570  
(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.

(Signature of Resigning Agent)

SEPT / 5 / 2011

(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withdrawn corporation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**