Poz 000086367

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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporation	as	
SUBJI	ECT:ELLI'S PA	ARTNERS, INC.	
DOCU	JMENT NUMBER:	P02000086367	of Corporation) 7
The en	closed Resignation of R	egistered Agent fo	or a Corporation and fee are submitted for filing.
Please	return all correspondence	ce concerning this	matter to the following:
GA	RY V. SMITH, ESQ.		
	(Name o	f Person)	
LYC	ONS AND SMITH, P.A	٧.	
	(Name of Fir	m/Company)	
1230	NW 7 STREET		
	(Add	ress)	
MIA	AMI, FL 33125		
	(City/State ar	nd Zip Code)	
For fu	rther information concer	ning this matter, p	lease call:
GAF	RY V. SMITH, ESQ.	at \	305-324-1100 (Area Code & Daytime Telephone Number)
	(Name of Persor	1)	(Area Code & Daytime Telephone Number)
Enclos or \$35	sed is a check made paya .00 for an administrative	able to the Florida ely dissolved, volu	Department of State for \$87.50 for an active corporation ntarily dissolved or withdrawn corporation.
Ameno Division P.O. B	ng Address: dment Section on of Corporations Box 6327 assee, FL 32314	409 E. Gair	nt Section Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

-	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	GARY V. SMITH, ESQ. (Name of Registered Agent)
hereby resigns as Registered Agent	for ELLI'S PARTNERS, INC.
	(Name of Corporation)
P02000086367	
(Document Number, if known)	
A copy of this resignation was mail	led to the above listed corporation at its last known address.
The agency is terminated and the or this statement is filed.	ffice discontinued on the 31st day after the date on which
If signing on behalf of an entity:	(Capacity) (Signfature of Resigning Agent) (Typed or Printed Name) (Capacity) (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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