

PD30000003697



*The Morales Law Firm*  
NEIL MORALES, ESQUIRE  
1100 FIFTH AVENUE SOUTH, SUITE 201  
NAPLES, FLORIDA 34102

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900028523269

03/05/04--01062--019 \*\*87.50

FILED  
04 MAR -5 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Resignation

T BROWN MAR 11 2004

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Burdegon Latino, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P03000003697

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:

Neil Morales, Esquire  
(Name of Person)

THE MORALES LAW FIRM, P.A.  
(Name of Firm/Company)

1100 Fifth Ave. South, #201  
(Address)

Naples, FL 34102  
(City/State and Zip Code)

For further information concerning this matter, please call:

Neil Morales at (239) 659-5291  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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**

**FILED**  
04 MAR -5 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Alfredo Silva, Sr.  
(Name of Registered Agent)

hereby resigns as Registered Agent for Bodegon Latino, Inc.  
(Name of Corporation)

PO3000003197  
(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.

X [Signature]  
(Signature of Resigning Agent)

If signing on behalf of an entity: NOT APPLICABLE

X Alfredo Silva, Sr.  
or Printed Name)

Registered Agent / Vice-President  
(Cap.)

**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