P03000040222

(Requestor's Name)			
(Address)			
, (Address)			
•			
" (City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
- - -			
(Business Entity Name)			
(Dusiness Enuty Warne)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			





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SECRETARY OF STALL

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TRANSMITTAL LETTER

SUBJECT: EUGENIO'S GROUP CORP (Name of Corporation)
(Name of Corporation) DOCUMENT NUMBER: PO 30000 40 222
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:
ZOE RODRIGUEZ (Name of Person) EUGENIOS GROUP CORP (Name of Firm/Company)
18518-A NW 67 AVE (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Coe Rodriguez : at (305) 557-2424 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60%.		
Florida Statutes, the undersigned,	BEATRIZ	Rodriguez istered Agent)
hereby resigns as Registered Agent for		GROUP CORP
P03000040222		
(Document Number, if known)	V -	
A copy of this resignation was mailed to the	ne above listed corporate	tion at its last known address.
The agency is terminated and the office disthis statement is filed.	<i>Q</i>	
(Signa)	ture of Resigning Agent)	<u> </u>
If signing on behalf of an entity:		AREA DE T
BEATRIZ	Z Rodrigi	SSEE SEE SEE SEE SEE SEE SEE SEE SEE SE
(Тур	ed or Printed Name)	- S - S - D
•		the same
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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