P03000H8//

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

Office Use Only



400061203034

11/17/05--01016--002 **87.50

DS NOV 17 PM 1: 10

1/5 11/22/05 RAMES.

FILED

05 NOV 17 PM 1: 10

RESIGNATION OF REGISTERED AGENT. ORE MARY 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, Julis S4 Rarrio S (Name of registered agent)
hereby resigns as Registered Agent for STA AVENUE SHOPS INC (Name of corporation)
(Common of Conference)
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.
John Bon Blor
(Signature of resigning agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Typed of Finned Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314