## 703000099976

(Requestor's Name)  (Address)  (Address)	500033989195	
(Name of Person)  (Name of Firm/Company)		
UIZNEZZADOVE # (Address)	り 06/04/0401014021 **122.50 1 1 330 62 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(City/State and Zip Code)  For further information concerning this matter,  (Name of Person)		

Office Use Only

20° September 20

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.	1509, or 617.1509	,
Florida Statutes, the undersigned,	Name of Registered		
hereby resigns as Registered Agent for	Lets Go A' (Name of Corpora		,
(Document Number, if known)		٠.,	
A copy of this resignation was mailed to	o the above listed corporation	at its last known ac	idress.
The agency is terminated and the office this statement is filed.  If signing on behalf of an entity:	e discontinued on the 31st day a	after the date on when the date on the date on when the date on the date on when the date on the date of the date on the date of the date	nich
	(Typed or Printed Name)  (Capacity)	ALL/HASSEF FLOR	
		RA :	-

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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