P03000103992

(Re	equestor's Name)	
———(Ad	ldress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #>
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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03/17/11--01020--024 **35.80

fA Resign



TR-212-11

COVER LETTER

10:	Division of Corporations
SUBJ	ECT: SICHAUN PAVILION, INC
	(Name of Corporation)
DOC	UMENT NUMBER: P03000103992
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
AGN	ES CHAU
	(Name of Person)
LAW	OFFICES OF AGNES CHAU, P.A.
	(Name of Firm/Company)
7161	E COLONIAL DRIVE
	(Address)
ORL	ANDO, FL 32803
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
AGNI	ES CHAU at (407) 648-0880
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	AGNES CHAU
	(Name of Registered Agent)
hereby resigns as Registered Agent f	or SICHAUN PAVILION, INC .
nortely resigns as registered rigoner	(Name of Corporation)
P03000103992	
(Document Number, if known)	
A copy of this resignation was maile	ed to the above listed corporation at its last known address.
this statement is filed.	ice discontinued on the 31st day after the date on which
If signing on behalf of an entity:	(Signature of Resigning Agent)
	(Typed or Printed Name)
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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