

P04000006921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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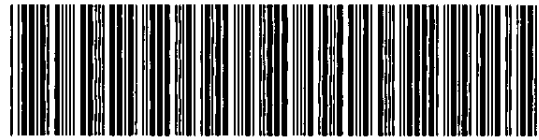
(Business Entity Name)

(Document Number)

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08 DEC -5 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Leagin*  
**C.COULLIETTE**

DEC 09 2008

**EXAMINER**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LA VEGA GROCERY CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000006921

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUFINO HERNANDEZ

(Name of Person)

LA VEGA GROCERY CORPORATION

(Name of Firm/Company)

311 NORTH DIXIE HIGHWAY

(Address)

LAKE WORTH, FL 33460

(City/State and Zip Code)

For further information concerning this matter, please call:

RUFINO HERNANDEZ at ( 561 ) 317-9577  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, ANA HERNANDEZ  
(Name of Registered Agent)

hereby resigns as Registered Agent for LA VEGA GROCERY CORPORATION  
(Name of Corporation)

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(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.

*Ana Hernandez*  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**