

PO4000009762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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RA  
Resignation

08/13/12--01047--018 \*\*87.50

FILED  
2012 AUG 13 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

8/17/12

## COVER LETTER

TO: - Amendment Section  
Division of Corporations

SUBJECT: P.Q.N INC  
(Name of Corporation)

DOCUMENT NUMBER: P04000009762

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:

Lazaro V Portomene

(Name of Person)

Yitos Group of Miami, LLC

(Name of Firm/Company)

8500 SW 8 STREET STE 266

(Address)

MIAMI, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

LAZARO V PORTOMENE at (305) 262 7979  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

**FILED**

2012 AUG 13 AM 10:20

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, **SECRETARY OF STATE  
TALLAHASSEE FLORIDA**  
Florida Statutes, the undersigned, Lazaro V Portomene - Yitos Multi Services Group Inc  
(Name of Registered Agent)

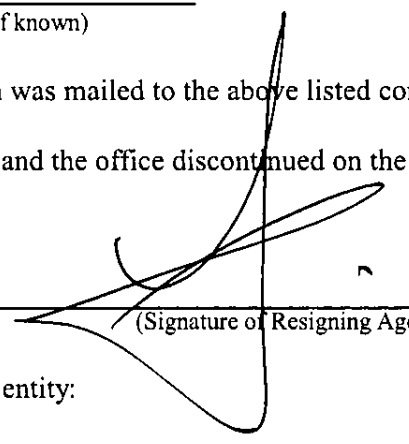
hereby resigns as Registered Agent for P.Q.N INC  
(Name of Corporation)

P04000009762

(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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Lazaro V Portomene

(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**