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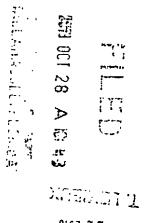
(Requestor's Name)	_		
(Address)	_		
(Address)	_		
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)	_		
(Document Number)			
Certified Copies Certificates of Status	_		
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: Louletta Inc	
	(Name of Corpor	ation)
DOC	UMENT NUMBER: P0400009765	
The en	nclosed Resignation of Registered Agent for a Corpo	oration and fee are submitted for filing.
Please	e return all correspondence concerning this matter to	the following:
Sof	fia Powell-Cosio	
	(Name of Person)	
Sof	fia Powell-Cosio P.A.	
	(Name of Firm/Company)	
190	00 SW 3rd Avenue	
	(Address)	
Mia	ami, Florida 33129	<u> </u>
	(City/State and Zip Code)	
For fu	orther information concerning this matter, please call	;
Sof	fia Powell-Cosio at (305	579 9988 de & Daytime Telephone Number)
	(Name of Person) (Area Co	de & Daytime Telephone Number)
Enclo or \$35	sed is a check made payable to the Florida Departm 5.00 for an administratively dissolved, voluntarily di	ent of State for \$87.50 for an active corporations solved or withdrawn corporation.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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, SPC MAnagement Services Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for Louletta Inc
(Name of Corporation)
1P0400009765
(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:
SPC Management Services Inc.
(Typed or Printed Name)
President
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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