

Electronic Filing Cover Sheet

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To:

Division of Corporations

Pax Number

: (850)617~6380

From:

Account Name

: YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257

Phone : (850)224-8870

Fax Number

: (850)222~1222

REGISTERED AGENT RESIGNATION

DEL PIERO'S PIZZERIA & RESTAURANT, INC.

EIVED	AH 8: 00	OF STATE E.FLORIDA	
MECE! 2009 JAN 22	SECRETA BY	LLAHASSEE,	

Certificate of Status	0
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Page Count	01
Estimated Charge	\$87.50

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12209

https://efile.sunbiz.org/scripts/efilcovr.exe

1/22/2009

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.15 <u>09, or</u> 617.150	betiene ne
Florida Statutes, the undersigned,Be	o7.0502(2), 617.0502(2), 607.1509, or 617.1509 onkiran & Associates, P.A. (Ficher Digital (Name of Registered Agent)	<u>> Ben</u> Kiran, RA.
hereby resigns as Registered Agent for	or Del Piero's Pizzeria & Restaurant, Inc. (Name of Corporation)	
P04000013773	·	_
(Document Number, if known)	•••	
A copy of this resignation was mailed to	o the above listed corporation at its last known a	ıddress,
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on w	vhich
ω	DB	
(Sig	gnature of Resigning Agent)	
If signing on behalf of an entity:		:
	TALL.	2009
	Typed or Printed Name)	2009 JAN 22 P
•	(Capacity)	The second

\$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withdrawn corporation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

Fee for filing this document: