Division of Corporations Public Access System

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(((H05000135459 3)))

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : RUTHERFORD, MULHALL & WARGO, P.A.

Account Number : 075753002301

Phone : (561)241-1600

Fax Number

; (561)241-3815

## REGISTERED AGENT RESIGNATION

DANTE FOOTWEAR, INC.

Certificate of Status Certified Copy Û Page Count Dr 02 Estimated Charge \$87.50

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Corporate Filing

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dante Footwear, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P04000048994	
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:	
Lalaine A. Landau	
(Name of Person)	
(Name of Firm/Company)	
2280 SW 132 Avenue	
(Address)	
Miramar, FL 33027	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
LALAINE A LANDAU at ( 561 ) 912-0129	
(Name of Person) at (561 ) 912-0129 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	
Mailing Address:  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address:  Amendment Section  Division of Corporations  409 E. Gaines Street  Tallahassee, FL 32399	

CR2E046(11/02)

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Lalaine A. Landau
,	(Name of Registered Agent)
hereby resigns as Registered Agen	for Dante Footwear, Inc.
	(Name of Corporation)
P04000048994	
(Document Number, if known)	<del></del>
A copy of this resignation was mai	led to the above listed corporation at its last known address.
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the date on which
If signing on behalf of an entity:	(Signature of Resigning Agent)  ASSEE, F.
	(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