(Requestor's Name) (Address)	800081844108				
(Address)	000001011100				
(City/State/Zip/Phone #)	12/07/0601021012 **87.50				
(Business Entity Name)					
(Document Number)					
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Chandler R. Finley, Esq.* Stefania Bologna, Esq.°

Admitted To Practice: Florida Bar + US Federal Court for the Southern District of Florida^{*} Member of American Immigration Lawyers Association^{*} + American Bar Association^{*} National Italian American Bar Association + International Bar Association

December 5, 2006

Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: The Bikini Shop, Inc. Document Number: P04000101293

Dear Sir or Madam:

Enclosed is the Resignation of Registered Agent for the corporation named "The **Bikini Shop, Inc.**" and a check payable to the Florida Department of State in the amount of \$87.50 to cover the filing fees.

Should you have any questions or need additional documentation, please do not hesitate to contact our office.

Sincerely,

FINLEY & BOLOGNA INTERNATIONAL

Stefania/Bologna, Esq

Enclosure

0: Americas Center 150 S.E. 2nd Avenue Suite 1010 REPLY TO: Miami, FL 33131 Ph 305 379-7676 Fax 805-879-2321

 Mellon United National Bank Bldg.
1645 Palm Beach Lakes Blvd. Suite 460 West Palm Beach, FL 33401 Ph 561-478-9930 Fax 561-478-9945 Finley Bologna@aol.com Atrium Financial Center 1515 N. Federal Hwy. Suite 300 Boca Raton, FL 33432 Ph 561-478-9930 Fax 561-478-9945 >

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0)502(2),	617.0502(2)	, 607.1509	, or 617.	1509,		-
Florida Statutes, the undersigned,	Stei	Stefania Bologna, Esq. (Name of Registered Agent)					t en
hereby resigns as Registered Agent for	The.	Bikini S (Name of (hop, II Corporation)	ic	_	1 •	-
P04000101293 (Document Number, if known)	*	a a T No	, ·	41	, 3	• -	- من <i>سطر</i> ژهر _{ال}

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 If signing on behalf of an entity: PH I: (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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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