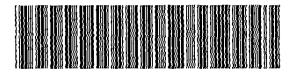
P04000104596

(Requ	estor's Name)	
(Addre	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT; F AND A DESIGN, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P04000104596
The en	oclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
FRA	NCOIS FROSSARD
	(Name of Person)
FAI	ID A DESIGN, INC.
	(Name of Firm/Company)
1670	CLEVELAND ROAD
	(Address)
MIA	MI BEACH, FL 33141
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
FRA	NCOIS FROSSARD at (786) 797-4800
	NCOIS FROSSARD at (786) 797-4800 (Name of Person) (Area Code & Daytime Telephone Number)
Enclo or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation.
Amen Divisi Clifto 2661	Mailing Address: dment Section on of Corporations n Building Executive Center Circle lassee, 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	s 607.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned,	FRANCOIS FROSSARD (Name of Registered Agent)		
hereby resigns as Registered Agent for FAND A DESIGN, INC. (Name of Corporation)			
P04000104596			
(Document Number, if known)			
A copy of this resignation was mailed	d to the above listed corporation at its last known address.		
The agency is terminated and the offithis statement is filed.	ice discontinued on the 31st day after the date on which		
	(Signature of Rastante Leent)		
If signing on behalf of an entity:	ARY OF S		
	(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withdrawn corporation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