## PO4000142171

(Re	equestor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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04/17/06--01040--019 \*\*87.50



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\* Roberts APR 2 0 2006

## **COVER LETTER**

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 FILED FOR A CORPORATION
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, SECRETARY OF STATE TO THE PROVISION TO THE PROVISION OF STATE TO THE PROVINING THE PROVISION OF STATE TO THE PROVINING
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, FE, FLORIDA
Florida Statutes, the undersigned, Francisco D. Robleto Jr.  (Name of Registered Agent)
hereby resigns as Registered Agent for OX Solutions INC. (Name of Corporation)
P04000142171 (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:
Gabriela Oviedu (Typed or Printed Name)

## Fee for filing this document:

VICE President (Capacity)

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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