P04000156300

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900109449669

09/17/07--01020--026 **87.50

07 SEP 17 PH 3: 32 SECRETARY OF STATE

C. Coutliette SEP 2 0 2007

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Lulu's Puppies, Inc. (Name of Corporation)
DOCUMENT NUMBER:
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:
Lee H. Davis (Name of Person)
Murray & Simmons, LLP (Name of Firm/Company)
1401 E. Broward Blvd., Suite 200 (Address)
Fort Lauderdale, FL 33301 (City/State and Zip Code)
For further information concerning this matter, please call:
Lee H. Davis at (954) 467-2000 (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 FOR A CORPORATION

Pursuant to the provisions of sections 6	507.0502(2), 617.0502(2), 607.1509, e	r 617.1509,
Florida Statutes, the undersigned,	Arsenio Fernandez	•
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Lulu's Puppies, Inc.	<u>.</u>
	(Name of Corporation)	
(Document Number, if known)		
A copy of this resignation was mailed to	o the above listed corporation at its las	st known address.
The agency is terminated and the office this statement is filed.		date on which
If signing on behalf of an entity:	mature of Resigning Agent)	O7'S SECH TALL
N/A(7	Typed or Printed Name)	APPROV AND FILED SEP 17 PM CRETARY OF CAHASSEE, I
N/A	(Capacity)	WELL B B STAFE F STAFE F LORID

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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