P05000038493

(Re	questor's Name)	,
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
TALLAHASSEF, FLORIDA

AND

R-A. Resign.

GOUTHING MAR 2 8 2007

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Liquid Dream Models, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P05000038493
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Law	rence G. Walters, Esquire
	(Name of Person)
Wes	ton, Garrou, DeWitt & Walters
	(Name of Firm/Company)
781	Douglas Avenue
	(Address)
Altaı	monte Springs, FL 32714
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Lawr	rence G. Walters, Esquire (Name of Person) at (407) 975-9150 (Area Code & Daytime Telephone Number)

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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, or 617.1309,
Florida Statutes, the undersigned, Lawrence G. Walters, Esquire
(Name of Registered Agent)
hereby resigns as Registered Agent for Liquid Dream Models, Inc.
(Name of Corporation)
P05000038493
(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:
O7 TAL
(Typed or Printed Name) (Typed or Printed Name)
SSET ARY
(Capacity) (Capacity) (Capacity) (Capacity) (Capacity) (Capacity) (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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