## P05000 117682

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

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## **COVER LETTER**

SUBJECT: RAMI TECHNOLOGY, INC. (Na.	me of Corporation)
DOCUMENT NUMBER: P05000117682	· · · · · · · · · · · · · · · · · · ·
The enclosed Resignation of Registered Agen	t for a Corporation and fee are submitted for filing
Please return all correspondence concerning the	his matter to the following:
STEPHEN A. BLASS	
(Name of Person)	
BLASS & FRANKEL, P.A.	
(Name of Firm/Company)	
ONE S.E. THIRD AVENUE, SUITE 2130	)
(Address)	
MIAMI, FLORIDA 33131	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
STEPHEN A. BLASS	at ( 305 ) 377-9353 (Area Code & Daytime Telephone Number)
(Name of Person)	(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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 6	517.1509,			
Florida Statutes, the undersigned, COPROLITE CORPORATION				
(Name of Registered Agent)				
hereby resigns as Registered Agent for RAMI TECHNOLOGY, INC.				
(Name of Corporation)				
P05000117682				
(Document Number, if known)				
A copy of this resignation was mailed to the above listed corporation at its last I.  The agency is terminated and the office discontinued on the 31st day after the distribution that this statement is filed.				
	<u> </u>			
(Signature of Resigning Agent)				
If signing on behalf of an entity:				
STEPHEN A. BLASS	and the same of th			
(Typed or Printed Name)	OS DI SECI ALLI			
VICE PRESIDENT	05 DEC -7 SECRETAR ALLAHASS			
(Capacity)	PH SEE, F			

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

FILED