POUDOO03493

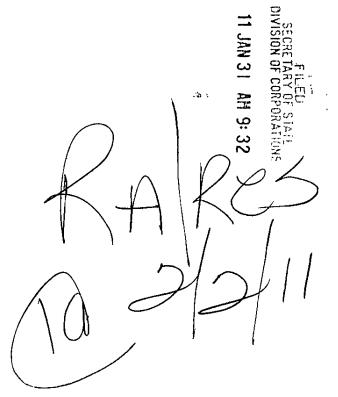
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

ŢO:	Amendment Section Division of Corporations
	Division of Corporations
SUBJI	ECT: A-1 Paradise Party Rentals, Inc.
	(Name of Corporation)
DOCU	JMENT NUMBER: P06000003493
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Neil I	Rubin
	(Name of Person)
Rubi	n & Bickman, PLLC
	(Name of Firm/Company)
1130	Washington Avenue, Fourth Floor
	(Address)
Mian	ni Beach, Florida 33139
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Neil F	Rubin at (305) 672-7200 (Name of Person) (Area Code & Daytime Telephone Number)
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, or 617.1509,	
Florida Statutes, the undersigned,Rt	ubin & Bickman, PLLC	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	A-1 Paradise Party Rentals, Inc.	,
	(Name of Corporation)	
P06000003493		
(Document Number, if known)		
A copy of this resignation was mailed t	to the above listed corporation at its last known address.	
this statement is filed.	e discontinued on the 31st day after the date on which	
(Si	gnature of Resigning Agent)	
If signing on behalf of an entity:		
Neil Rubin		DIVIE 1
((Typed or Printed Name)	SER
Manager		VISION OF COR
	(Capacity)	FCORPORALL

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withdrawn corporation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