196000005069

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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	9#)
PICK-UP	☐ WAIT	MAIL
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(Du	ionicoo Entry Man	110)
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Certified Coples	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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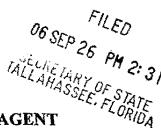
fA Resign

06 SEP 26 PM 2: 31

T. Roberts SEP 27 2006

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HOME DISTRIBUTION CENTER, ING. (Name of Corporation)
DOCUMENT NUMBER: \$\int 06000005069\$
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:
ENRIAUE FUENTES (Name of Person)
HOME DISTRIBUTION CENTER, INC (Name of Firm/Company)
390 NW 86 GT. #6 (Address)
MIAMI FLA. 33/26 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (786) 290 3003 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, <u>J. FERNANDO BANDERAS</u> (Name of Registered Agent)
nereby resigns as Registered Agent for HOME DISTRIBUTION CENTER, IN
P 0 60 0000 5069 (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 his statement is filed. (81gnature of Resigning Agent)
f signing on behalf of an entity:
(Typed or Printed Name)

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
Taliahassee, FL 32314

(Capacity)