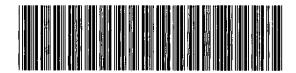
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## **COVER LETTER**

Division of Corporations	
SUBJECT: Wilma Computer Care Inc	
	(Name of Corporation)
DOCUMENT NUMBER: P06000012	787
The enclosed Resignation of Registered A	gent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Astride Pierre	
(Name of Person)	
Wilma Computer Care Inc	
(Name of Firm/Company)	
715 NE 130th Street	
(Address)	
Miami, FL 33161	
(City/State and Zip Code)	<del></del>
For further information concerning this ma	atter, please call:
Astride Pierre	at ( 954 ) 274-4281 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the F or \$35.00 for an administratively dissolved	lorida Department of State for \$87.50 for an active corporation d, voluntarily dissolved or withdrawn corporation.
Amendment Section Ame Division of Corporations Divis Clifton Building Post	ing Address: endment Section sion of Corporations Office Box 6327 thassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, _As	stride Pierre	
	(Name of Registered Agent)	-
hereby resigns as Registered Agent for	Wilma Computer Care Inc	
notoby resigns as registered right for	(Name of Corporation)	_,
P06000012787		
(Document Number, if known)	<del>_</del>	
The agency is terminated and the office	o the above listed corporation at its last known address discontinued on the 31st day after the date on which	•
this statement is filed.	Pro mi	•
Ash	de Pierre and Agent)	-
If signing on behalf of an entity:	NRY OF STA	T n
	Typed or Printed Name)	
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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