P06000022893

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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MAR 28 2012 T. LEWIS

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|----------------------------|--|--|---------|--|--------------|
| SUBJ | JECT: First Quality Lab | oratory, Inc. | | | · · |
| | ` | Name of Corporat | ion | | |
| DOC | UMENT NUMBER: P060 | 00022893 | | | |
| The e subm | nclosed Resignation of Registited for filing. | tered Agent for a | Corp | óratilóh | and fees are |
| Please | e return all correspondence co | oncerning this matter | r to tl | ne following: | |
| Mar | ia M Garcia | | | | |
| | (Name of Per | son) | | • | |
| Firs | t Quality Laboratory, I | nc. | | | |
| | (Name of Firm/Co | ompany) . | | | |
| 114 | 60 Interchange Circle | North | | | |
| | (Address) | | | | |
| Mira | amar, FL. 33025 | | | | |
| | (City/State and Zi | p Code) | | | |
| For fu | orther information concerning | this matter, please of | call: | | |
| Ger | man Samper | at (954 | | 817-3046 & Daytime Telephone | |
| | (Name of Person) | (Area | Code | & Daytime Telephone | e Number) |
| Enclo ∑ \$87 | sed is a check made payable t .50 Filing fee | \$140.00 (\$87.50) | Filing | t of State for: Fee and ertified Copy) | |
| Regist Divisi P.O. E | ng Address: Iration Section on of Corporations Box 6327 nassee, FL 32314 | Street Address: Registration Section Division of Corporation Building 2661 Executive C Tallahassee, FL 3 | enter | | |

TO:



FILED 12 MAR 20 PM 1: 20 SECRETARY OF STATE TALLAHASSEE PLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT FOR .A CORPORATION

| Pursuant to the provisions of section 607.0502(2) Florida Statutes, |
|---|
| the undersigned, Ordonez , Cristina |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for First Quality Laboratory, Inc. (Name of 'Corporation'), (Name of 'Corporation') |
| P06000022893 |
| (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: |
| Maria M Garcia (Typed or Printed Name) |
| |
| President/Owner |
| (Capacity) |
| |

Filing Fee: \$87.50 Certified Copy: \$52.50

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314