

P06000033336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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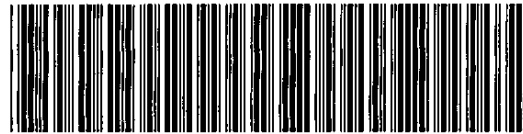
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 4 VIHA'S INTERNATIONAL, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000033336

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:

JORGE A. FERNANDEZ

(Name of Person)

c/o The Law Offices Of Martinez, P.A.  
(Name of Firm/Company)

815 Ponce de Leon Blvd. Suite 212

(Address)

Coral Gables FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Ian Illych Martinez

(Name of Person)

at ( 305 ) 442 7970  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FILED**  
2007 SEP 19 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of section 607.0502(2) Florida Statutes,

the undersigned, JORGE A. FERNANDEZ

(Name of Registered Agent)

hereby resigns as Registered Agent for 4 VIHA'S INTERNATIONAL, INC.

(Name of Business )

P06000033336

(Document Number, if known)

A copy of this resignation was mailed to the above listed : business : 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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(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**