

P060000034944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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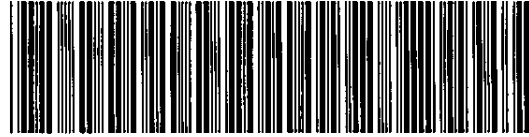
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 16 2015
T. LEMIEUX

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000034944

Entity Name: ROBI'S STUDIO, INC.

Current Principal Place of Business:

221 W. PARK DRIVE, # 102
MIAMI, FL 33172

Current Mailing Address:

221 W. PARK DRIVE, # 102
MIAMI, FL 33172

FEI Number: 20-4491344

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PRADELLA, ROBERTA
221 W. PARK DRIVE, # 102
MIAMI, FL 33172 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PRADELLA, ROBERTA
Address 221 W. PARK DRIVE, # 102
City-State-Zip: MIAMI FL 33172

Title V
Name STEFANI, RODOLFO
Address 221 W. PARK DRIVE, # 102
City-State-Zip: MIAMI FL 33172

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RODOLFO STEFANI

V

03/13/2014

Electronic Signature of Signing Officer/Director Detail

Date

**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, STEFANI, RODOLFO

(Name of Registered Agent)

hereby resigns as Registered Agent for ROBI'S STUDIO, INC.

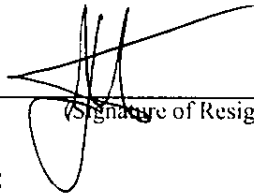
(Name of Corporation)

P06000034944

(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.

X 

(Signature of Resigning Agent)

If signing on behalf of an entity:

RODOLFO STEFANI

(Typed or Printed Name)

VICE PRESIDENT

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN 09 A 12:52

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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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROBI'S STUDIO, INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000034944

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:

STEFANI, RODOLFO
(Name of Person)

ROBI'S STUDIO, INC.
(Name of Firm/Company)

221 W. PARK DRIVE, #102
(Address)

MIAMI, FL 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

STEFANI, RODOLFO at 786 385-7186
(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