

PO6000056446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

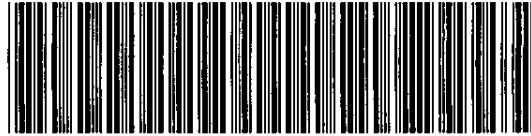
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500229355505

04/17/12--01032--016 \*\*122.50

LA Resp

FILED  
12 APR 17 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 23 2012

T. ROBERTS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ZEROSMOKE NORTH AMERICA INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000056446

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:

ROBERT WENECK

(Name of Person)

ZEROSMOKE NORTH AMERICA INC

(Name of Firm/Company)

PO BOX 30877

(Address)

PALM BEACH GARDENS FL 33420

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT WENECK at ( 954 ) 6831518  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, PAOLO INTERNICOLA

(Name of Registered Agent)

hereby resigns as Registered Agent for ZEROSMOKE NORTH AMERICA INC

(Name of Corporation)

P06000056446

(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:

PAOLO INTERNICOLA  
(Typed or Printed Name)

PRESIDENT & CEO  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

125 withdrawn corporation

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

**FILED**  
APR 17 AM 8:15  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE