## POW0110335

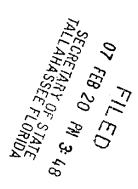
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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## **COVER LETTER**

Division of Corporations
SUBJECT: TELEDIRECTA USA INC (Name of Corporation)
DOCUMENT NUMBER: PO 6000110335
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:
JAIRO RUEDA (Name of Person)
(Name of Person)
TELEDIRECTA USA
(Name of Firm/Company)
3509 NW 115 AVE.
(133335)
Migran FL. 33178 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
TAIRO PUESA at (786) 942 1554  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

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

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of State for \$87,50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

TO:

Amendment Section

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, or 6	17.1309, • <b>1 1.15</b> 0
Florida Statutes, the undersigned,  Pursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, or 6  Course of the provisions of sections 607.0302(2), 617.0302(2), 607.1309, or 6  Course of the provisions of sections 607.0302(2), 617.0302(2), 607.1309, or 6  Course of the provisions of sections 607.0302(2), 617.0302(2), 607.1309, or 6  Course of the provisions of sections 607.0302(2), 617.	TEGUI
(Name of Registered Agent)	
hereby resigns as Registered Agent for	A INC,
PO 6000110335	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last k	nown address.
The agency is terminated and the office discontinued on the 31st day after the da	te on which
this statement is filed.  (Signature of Resigning Agent)	_
(Signature of Resigning Agent)	
If signing on behalf of an entity:	•
JAITO KUESA	TAI S
(Typed or Printed Name)	- <b>C</b> CU
	三 元
GENTLAL MONAGEL	FIL EB 20 TARY ASSE
(Capacity)	_ <u>_</u>
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	7 m . <b>r</b>

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