# P06000142983

(Requestor's Name)	
(Address)	
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· PICK-UP WAIT MA	IL
(Business Entity Name)	<del></del>
(Document Number)	
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RA Resign

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### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: 4VIHASBOX INTERNATIONAL, INC. (Name of Corporation)	
DOCUMENT NUMBER: P06000142983	
The enclosed Resignation of Registered Agent for a Corporation and fee are s	ubmitted for filing.
Please return all correspondence concerning this matter to the following:	
JORGE A. FERNANDEZ	
(Name of Person)	
<pre>c/o The Law Offices Of Martinez. P.A. (Name of Firm/Company)</pre>	
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 at (305) 442 7970 (Name of Person) (Area Code & Daytime Teleph	
(Name of Person) (Area Code & Daytime Teleph	one Number)
Enclosed is a check made payable to the Florida Department of State for \$87, or \$35,00 for an administratively dissolved, voluntarily dissolved or withdray	50 for an active corporation vn 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: 00 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 4VIHASBOX INTERNATIONAL, INC., (Name of A Corporation n)
P06000142983
(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