

JUN 9 2011 11:54AM
Division of Corporations

NO. 1001 P&P: 1/31

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & FERRI
Account Number : I20070000136
Phone : (305) 779-3564
Fax Number : (305) 779-3561

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: asanz@arhmf.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT RESIGNATION
EINSA US CORP.

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H11000153044 3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EINSA US CORP

(Name of Corporation)

DOCUMENT NUMBER: P060000149434

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:

Ana Sanz

(Name of Person)

Interamerican Corporate Services, LLC

(Name of Firm/Company)

2525 Ponce de Leon Blvd Suite 1225

(Address)

Coral Gables, FL. 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Ana Sanz

(Name of Person)

at (305) 7993560

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

H11000153044 3

JUN. 9. 2011 11:54AM

H11000153044 3

NO. 1091 P. 3/3

**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, Interamerican Corporate Services, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for EINSA US Corp

(Name of Corporation)

P060000149434

(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:

(Typed or Printed Name)

(Capacity)

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

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DIVISION OF CORPORATIONS
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