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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: D'Leone Investment Grap Inc. (Name of Corporation)
DOCUMENT NUMBER: YOYOOO38663
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:
Name of Person)
D'Leone Investment Grap Inc. (Name of Firm/Company)
3230 SW 149th OLE # (Address)
Micmi, fl 33185 (City/State and Zip Code)
For further information concerning this matter, please call:
Whanie Thomas at 786 270 6655 (Name of Person) at 786 270 6655 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.13	509,	
Florida Statutes, the undersigned, Mame of Registered Agent)		
hereby resigns as Registered Agent for D'Leone Towestment (Name of Corporation)	<u> Group</u>	Inc
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know	n_address. ≥⊬: S	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	AUG 21 AH GELIARY OF BAHASSEE, F	FILED
(Signature of Resigning Agent) If signing on behalf of an entity:	1 9: 05 STATE FLORIDA	O
(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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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