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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	GRUPO W. CORPORATION
00	(Name of Corporation)
DOC	MENT NUMBER: P07000087369
The e	iclosed Resignation of Registered Agent for a Corporation and fee are submitted for filin
Please	return all correspondence concerning this matter to the following:
EVY (AROLINA STEINLE WILLIAMS
	(Name of Person)
GRUE	O.W. CORPORATION
	(Name of Firm/Company)
9600 i	W 38 STREET, SUITE 304
	(Address)
DOR:	L. FL 33178
	(City/State and Zip Code)
For fi	rther information concerning this matter, please call:
EVY	CAROLINA STEINLE WILLIAMS at () 829-3238
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0	0503(2), 617.0502(2), 607.1509, or 61	7.1509.		
Charles Control of Constanting of JOHN H.	, FRIEDHOFF, ESQ.			
Horida Statutes, the undersigned, JOHN H. PRIEDHOFF, ESQ. (Name of Registered Agent)				
hereby resigns as Registered Agent for GR	UPO W. CORPORATION			
Hereby resigns as Registered Agent for				
P07000087369				
(Document Number, if known)				
A copy of this resignation was mailed to th	ae above listed corporation at its last kn	nown address.		
The agency is terminated and the office disthis statement is filed.	scontinued on the 31st day after the dat	e on which		
/S/ JOHN H. FRIEDHO	FF			
(Signa	ture of Resigning Agent)	_		
If signing on behalf of an entity:		2024 AL TALLA		
(Тур	ped or Printed Name)	TALLAHASSEE FLORID		
	(Capacity)	12: 46		

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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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