

PD80000009618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

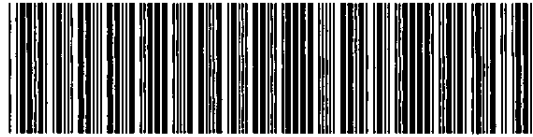
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800236907308

12 JUN 28 AM 10:26
DIVISION OF CORPORATIONS
SECRETARY OF STATE

06/28/12--01020--007 **35.00

RA / RES
10 / 6.29.12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: V.I.P Latin Girls inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000009618

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:

Mariana Santeli
(Name of Person)

V.I.P Latin Girls inc
(Name of Firm/Company)

19400 Turnberry Way #1821
(Address)

Aventura, FL 33180
(City/State and Zip Code)

For further information concerning this matter, please call:

Mariana Santeli at (561) 997-4145
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 617.1509,
Florida Statutes, the undersigned, Mariamaw Santeli
(Name of Registered Agent)

hereby resigns as Registered Agent for V.I.P Latin Girls inc.
(Name of Corporation)

P0800000 9618
(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.

Mariamaw Santeli
(Signature of Resigning Agent)

If signing on behalf of an entity:

~~MAF~~
(Typed or Printed Name)

(Capacity)

12 JUN 28 AM 10: 26
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**