## P08000044944

(Re	questor's Name)	
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(City	y/State/Zip/Phon	e #)
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Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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RA Resign

SECRETARY OF STATE OF STATE OF CORPORATIONS

08 DEC -5 PH 2: 50

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations
SUBJI	ECT: Investment Innovations, Inc.
	(Name of Corporation)
oocu	MENT NUMBER: P08000044944
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Mark	Distasio
	(Name of Person)
<u>In</u>	(Name of Firm/Company)
4833	Okeechobee Blvd.
•	(Address)
West	Palm Beach, FL 33409
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Domi	nick Sarlo at ( 561 ) 585-8805
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 AGENOR DEC -5 PM 2: 50

Pursuant to the provisions of sections 60	97.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	minick Sarlo
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Investment Innovations, Inc.
notory resigns as registered rigent for	(Name of Corporation)
P08000044944	
(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 this statement is filed.	discontinued on the 31st day after the date on which
Quiis	Bank
(Sig	nature of Resigning Agent)
If signing on behalf of an entity:	
stered Agent: Dominick Sarlo	
J (1	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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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