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\_\_\_\_\_  
(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:

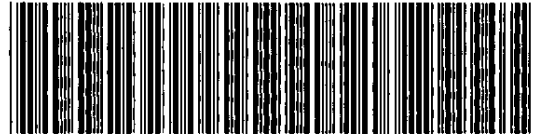
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Office Use Only

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Handwritten signature

Handwritten initials

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2010 JUN 25 PM 2:34

LAW OFFICES OF  
**ERIC M. SAUERBERG, P.A.**  
200 VILLAGE SQUARE CROSSING  
SUITE 102  
PALM BEACH GARDENS, FLORIDA 33410

TEL: (561) 776-0330  
FAX: (561) 776-0302

ERIC M. SAUERBERG\*\*  
\*\*MASTERS OF LAW IN TAXATION  
[ERIC@EMSATTORNEYS.COM](mailto:ERIC@EMSATTORNEYS.COM)

M. KRISTA BARTH\*  
\*ADMITTED TO D.C., FLORIDA,  
MARYLAND & NEW YORK BARS  
[KRISTA@EMSATTORNEYS.COM](mailto:KRISTA@EMSATTORNEYS.COM)

June 22, 2010

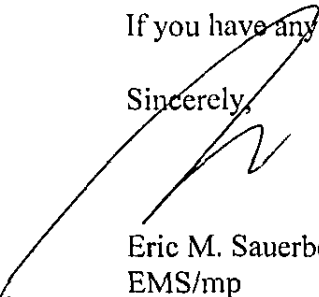
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed the Resignations of Registered Agent for Ouzeri Abacoa, Inc., Ouzeri CG, Inc, and Ouzeri PBG, Inc. along with a check in the amount of \$210 for the filing fees. Please file and return the Resignations to my office.

If you have any questions, please do not hesitate to call.

Sincerely,



Eric M. Sauerberg  
EMS/mp

**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, Eric M Sauerberg

(Name of Registered Agent)

hereby resigns as Registered Agent for Ouzeri Abacoa, Inc.

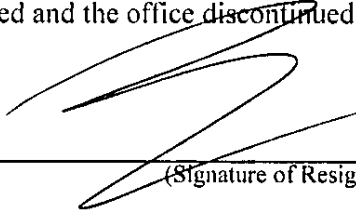
(Name of Corporation)

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(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)

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**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**