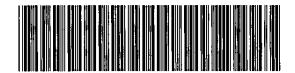
P09000064574

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Business Entity Name) | | |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | , | |
| | | |
| | | |
| | Office Use Only | , |



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COVER LETTER

TO:

Amendment Section **Division of Corporations**

F & P Systems, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P09000064576

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:

Paulo André Correa de Araujo

F & P Systems, Inc.

(Name of Firm/Company)

2020 NW 129 Avenue, Unit 202

Miami, FL 33182

(City/State and Zip Code)

For further information concerning this matter, please call:

Paulo André Corrêa de Araujo at (786) 409-9636

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,

Norman M. Silva

(Name of Registered Agent)

hereby resigns as Registered Agent for F&P Systems, Inc.

P09000064576

(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.

If signing on behalf of an entity:

Norman M. Silva

(Typed or Printed Name)

Manager

(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