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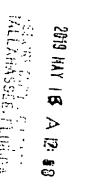
(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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1. LE VELUX

COVER LETTER

TO:	Amendment Section Division of Corporations
	Visionnaire, Inc.
SUBJ	(Name of Corporation)
DOC	UMENT NUMBER:
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Dian	a Figueroa
	(Name of Person)
Visio	nnaire, Inc.
	(Name of Firm/Company)
1500	NW 12th Avenue # 1008
	(Address)
Mian	ni, Florida 33136
	(City/State and Zip Code)
For fu	arther information concerning this matter, please call:
<u> D</u> .0	(Nank of Person) at (1-57) 316-285-2773 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Clitton Building
2661 Executive Center Circle

Tailahassee, 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 pro-	visions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the	Ricardo E. Pines	
1 Toriga Statutes, an	(Name of Registered Agent)	
	Visionnaire, Inc	
hereby resigns as R	egistered Agent for(Name of Corporation)	
P0900066576		
(Document Nu	imber, if known)	
A copy of this resig	gnation was mailed to the above listed corporation at its last known address.	
, , , , , , , , , , , , , , , , , , ,	, and on the last to the desire here to be pertured at the last title will address.	
The agency is termi	inated and the office discontinued on the 31st day after the date on which	
this statement is file	ed.	
	(\ ./	
	'\	
	(Signature of Resigning Agent)	
	(Signature of Resigning Agent)	
If signing on behalf	of an entity:	
	•	
R	icardo E. Pines	
	(Typed or Printed Name)	
	(1) peo (1) time (1) time	
m		
н	egistered Agent	
	(Capacity)	
	E F	
	20 ± 1 = 20	
	ree for filling this document:	
	\$87.50 - Active Corporation	
	\$35.00 - Administratively dissolved/voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation