| DOGWO  | 075798                           |
|--|----------------------------------|
| (Requestor's Name)<br>(Address)<br>(Address)   | 400182448694                     |
| (City/State/Zip/Phone #)   | <b>06/25/1001011029 **210.00</b> |
| (Business Entity Name)<br>(Document Number)<br>Certified Copies Certificates of Status |                                  |
| Special Instructions to Filing Officer:<br>Office Use Only                             | MILLINA 25 PH 2:35<br>SAA        |

. . I .

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. SÄUERBERG\*\* MASTERS OF LAW IN TAXATION ERIC@EMSATTORNEYS.COM

M. KRISTA BARTH\* ADMITTED TO D.C. FLORIDA, MARYLAND & NEW YORK BARS KRISTA@EMSATTOBNEYS.COM

June 22, 2010

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

. .

Dear Sir or Madam:

÷ r 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 /mˈb

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

•

.

•

energy of

r'

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,   |
|---|
| Florida Statutes, the undersigned,  |
| (Name of Registered Agent)  |
| hereby resigns as Registered Agent for Ouzeri CG, Inc.  |
| (name of Corporation)   |
| P09000075798  |
| (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)  |
|   |
| Fee for filing this document:<br>\$87.50 - Active corporation<br>\$35.00 - Administratively dissolved/voluntarily dissolved/<br>withdrawn corporation |
| Make checks payable to Florida Department of State and mail to:<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314                 |