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Office Use Only



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SECRETARY OF SHIRE

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COVER LETTER

SUBJECT: Versatile	riooning, mc.	(Name of Corpora	tion)	 		_
OCUMENT NUMB	ER: P1000000	3850	· .	·		· · · .
The enclosed Resignati	F	• • • • • • • • • • • • • • • • • • • •	ration and	fee are su	bmitted fo	or filing
Please return all corres	pondence concern	ning this matter to t	the follow	ing:		
Blas A. Garcia	· / · · ·	:	- ,		•	
	Name of Person)			· `.	•	
Versatile Flo	ooring, Ir	1C		•		
(Nan	ne of Firm/Compan	y)		••	٠.	
7800 NW 34th Stree	et, Suite 100	•			,	
	(Address)		-		•	,
Miami, FL 33122				•	•	• ,
(City	/State and Zip Cod	e)	_			
For further information	concerning this r	matter, please call:		•		
Blas A. Garcia		at (786	า ธาฑ			,
(Name o	of Person)	(Area Cod	e & Daytin	ne Telepho	ne Number	<u>)</u>

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Florida Statutes	, the undersigned, B	las A. Garcia				
		(Name of Registered Agent)				
hereby resigns a	s Registered Agent for	Versatile Flooring, Inc.				
<i>,g</i>		(Name of Corporation)				
P100000038	50					
(Documen	t Number, if known)					
A copy of this re	esignation/was mailed	to the above listed corporation at its last known addres				
this statement is	filed.	Mh -				
		infeture of Paciening Agent)				
	(S	ighature of Resigning Agent)				
If signing on be	(S	ignature of Resigning Agent)				
If signing on be		ignature of Resigning Agent)				
If signing on be		signature of Resigning Agent)				
If signing on be	nalf of an entity:	(Typed or Printed Name)				
If signing on be	nalf of an entity:					

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity).