P10000007452

(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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COVER LETTER

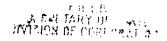
TO: Amendment Section Division of Corporations	
SUBJECT: TREXAR, INC	
(Name of Corporati DOCUMENT NUMBER: P1000007452	on)
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
Jose Vega	
(Name of Person)	
(Name of Firm/Company)	
25 S.E. 2nd AVE 410	
(Address)	
MIAMI, FL. 33131	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JOSE M VEGA at (786 (Area Code	290-3418 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Executive Center Circle Tallahassee, FL 32314 hassee, FL 32301



RESIGNATION OF REGISTERED AGEN®17 MAR -6 PM 1:07 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, JOSE M VEGA
(Name of Registered Agent)
hereby resigns as Registered Agent for TREXAR, INC (Name of Corporation)
(Name of Corporation)
P1000007452
(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 1st 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)
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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