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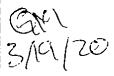


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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Casas del Sal TNC (Name of Corporation)
DOCUMENT NUMBER: PHODOD SSY 93
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:
Name of Person)
(Name of Firm/Company)
1152 Market Qircle Unit 8 (Address)
Port Charlotte Ft 33953 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (941) 8)5 3846 (Area Code & Davime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation \$35,00 for an administratively discolved volume it. From the or white an exporation.

#### **Mailing Address:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#### RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned. Luce Enrique Carta (Name of Registered Agent)
hereby resigns as Registered Agent for (Name of Corporation)
(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)
HAR TON
(Signature of Resigning Agent)
If signing on behalf of an entity:
Luie L-wrique Garza (Typed of Printed Name)
(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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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