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COVER LETTER

Division of Corporations
SUBJECT: Design Magnisque (Name of Corporation)
DOCUMENT NUMBER: P 11 0000 67683
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:
Tania Parada (Name of Person)
Dence Mago Gol GOUPINC (Name of Firm/Company)
(Address)
Oxlando FL 32811 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 130 2310 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

CR2E046(08/05)

TO:

Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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 1600 Mame 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.
TANIA PORO O . (Signature of Resigning Agent)
If signing on behalf of an entity: Nana Jala (Typed or Printed Name)
2

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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)