

P110000101554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

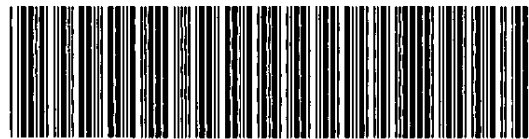
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUL 12 PM 1:41
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

PA/RES
@ 7.12.12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSAS ITALIAN FOOD CORP
(Name of Alien Business Organization)

DOCUMENT NUMBER: P11000101554

The enclosed Resignation of Registered Agent for an Alien Business Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

INES GUILLEN

(Name of Person)

ROSAS PIZZERIA

(Name of Firm/Company)

3095 W. CYPRESS CREEK RD

(Address)

FORT LAUDERDALE, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA A. GONZALEZ

(Name of Person)

at (321) 6972354

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing fee

☐ \$140.00 (\$87.50 Filing Fee and
\$52.50 for Certified Copy)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUL 12 PM 1:41

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT
FOR AN ALIEN BUSINESS ORGANIZATION**

Pursuant to the provisions of section 607.0502(2) Florida Statutes,

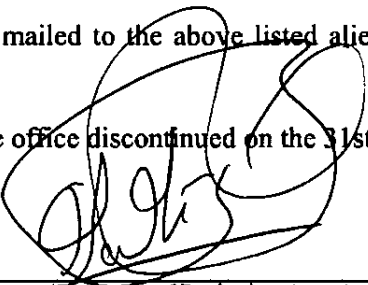
the undersigned, MARIA A. GONZALEZ
(Name of Registered Agent)

hereby resigns as Registered Agent for ROSAS ITALIAN FOOD CORP
(Name of Alien Business Organization)

P11000101554
(Document Number, if known)

A copy of this resignation was mailed to the above listed alien business organization 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.


07/07/2012
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

**Filing Fee: \$87.50
Certified Copy: \$52.50**

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**