## P1200006453.

(Re	questor's Name)	
(Ad	dress)	
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- (Cit	ty/State/Zip/Phone	e #)
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RA Resign

MAR 27 2014 T. CARTER

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: PEORO. P INC.  (Name of Corporation)  DOCUMENT NUMBER: P12000064533
DOCUMENT NUMBER: P12000064533
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:
OSVALDO CARDENAS  (Name of Person)  CARDENAS ACCOUNTING & TAY SERVICES, THE  (Name of Firm/Company)
9961 Sw 162 CT (Address)
MIAMI, FL 33196 (City/State and Zip Code)
For further information concerning this matter, please call:
OSVALDO CARDENAS at (305) 910 - 60 88 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)

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

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.



## RESIGNATION OF REGISTERED AGENT MAR 24 AM 9: 33 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CARDENAB ACCOUNTING STAY SERVICES, TWO (Name of Registered Agent)

hereby resigns as Registered Agent for PEDRO. P INC (Name of Corporation)

P1200064533

(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)

If signing on behalf of an entity:

OSVALOO CARDENAS

(Typed or Printed Name)

PRESIDENT

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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