## P1200100138

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
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(Document Number)		
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: PROTEINHAUS SHOP INC	_		
(Name of Corporation)  DOCUMENT NUMBER: P12000100138	_		
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	– or fili	ng.	
Please return all correspondence concerning this matter to the following:			
Christian Schmidt (Name of Person)			
USAINC Europe Corp	SECRET	16 AUG 26	T)
(Name of Firm/Company)  141 NE 3rd Ave, Suite 8068		26 AM	Salar.
(Address)  Miami, FL 33132  (City/State and Zip Code)		9: 05	<b>.</b>
For further information concerning this matter, please call:			
Christian Schmidt at (305) 702-0286 (Area Code & Daytime Telephone Number	r)		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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

## 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, Christian Schmidt, USAINC Europe C	orp	
(Name of Registered Agent)		
hereby resigns as Registered Agent for PROTEINHAUS SHOP INC	'•	
(Name of Corporation)		
P12000100138		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known the agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which	। <b>ਨ</b>
(Signature of Resigning Agent)	物型	AUG 26
If signing on behalf of an entity:		
Christian Schmidt		
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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