P13000049431

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	MAIL MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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EXAMINER

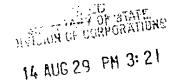
COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Le City Deluxe USA, Inc.	
(Name of Corporation) DOCUMENT NUMBER: P13000049431	
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:	8
Claudia Trimde	
(Name of Person)	
Le City Deluxe USA, Inc.	
(Name of Firm/Company)	
650 West Avenue #1508	
(Address)	
Miami Beach, FL 33139	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Claudia Trimde (Name of Person) at (305) 335-1817 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



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, Sean Alexander (Name of Registered Agent) hereby resigns as Registered Agent for $\underline{\text{Le }}$ City Deluxe USA, Inc. (Name of Corporation) P13000049431 (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: Sean Alexander (Typed or Printed Name) Registered Agent (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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