P13000085464

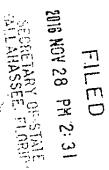
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
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COVER LETTER

TO: Amendment Section Division of Corporations	•
SUBJECT: VISTA LAGO BALLROOM INC.	
(Name of Corporat DOCUMENT NUMBER: P13000085464	10 n)
	<u> </u>
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
Gina R. Chevallier, Esq.	
(Name of Person)	-
Law Office of Gina R. Chevallier, P.A.	
(Name of Firm/Company)	_
9655 S. Dixie Hwy, Suite 312	
(Address)	•
Miami, FL 33156	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Gina R. Chevallier, Esq. 305	974-1490
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1000

ORIETTA M PORTUONDO	ORTUONDO Secretary , hereby resign as	
",	(Title)	
VISTA LAGO BALLROOM INC.		
(Name	of Corporation)	
P13000085464 (Document Number, if known)	_, a corporation organized under the laws of the State of	
Florida	·	
	ALL MHASSEE FLORID Signature of resigning officer/director) THE D	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314