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2016 JAN 20 PH 3: 0: SECRETARY OF STATE

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C. CARROTHERS

## **COVER LETTER**

Division of Corporations
SUBJECT: ESTIATORES, INC. (Name of Corporation)
DOCUMENT NUMBER: P14000059547
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:
STAVROS A. KOVROS
(Name of Person)
(Name of Firm/Company)
994 PINES ROAD
(Address)
ETTERS, PA 17319
(City/State and Zip Code)
For further information concerning this matter, please call:
at () (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

•	7.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	SS W.LEVINS (Name of Registered Agent)	
hereby resigns as Registered Agent for	ESTIATORES, INC	
	(Name of Corporation)	
P14000059547	_	
(Document Number, if known)		
A copy of this resignation was mailed to t	the above listed corporation at its last known address.	
The agency is terminated and the office dithis statement is filed.	iscontinued on the 31st day after the date on which	
Jess W. (Sign	Jewino AECHARY ature of Resigning Agent)  AECHARY ASSE	
If signing on behalf of an entity:	OF ST	F
(T <sub>y</sub>	yped or Printed Name)	- Annual Property of the Prope
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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