

P14000097658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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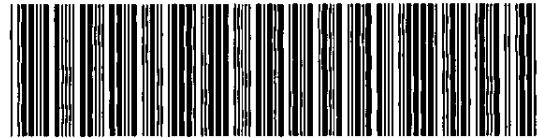
(Business Entity Name)

(Document Number)

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C.L.
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TEPUY NETWORKS INC.
(Name of Corporation)

DOCUMENT NUMBER: PL4000097658

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:

EDGAR JOSE MORENO ROA - (SON)
(Name of Person)

TEPUY NETWORKS INC.
(Name of Firm/Company)

2150 SANS SOUCI BLVD. # 901
(Address)

NORTH MIAMI, FL 33181
(City/State and Zip Code)

For further information concerning this matter, please call:

EDGAR JOSE MORENO ROA at (786) 247 9371
(Name of Person) (Area Code & Daytime Telephone Number)

PLEASE CAN YOU SEND AN EMAIL CONFIRMATION TO: emoreno.mail@gmail.com
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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 APR 29 AM 11:23

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, EDGAR JOSE MORENO - (FATHER)
(Name of Registered Agent)

hereby resigns as Registered Agent for TEPUY NETWORKS INC.
(Name of Corporation)

P14000097658

(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:

(Typed or Printed Name)

(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withdrawn corporation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