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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : KOUTOULAS & RELIS, LLC

Account Number: I20070000005 Phone : (954) 332-1345 Fax Number : (954)332-1346

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

○Email Address:

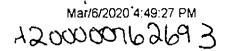
REGISTERED AGENT RESIGNATION DONNA ITALIA USA, INC

Certificate of Status	0
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### **COVER LETTER**

(Name of Person) (Area Code & Daytime Telephone Number)
L Relis CPA 954 332-1345
rther information concerning this matter, please call:
(City/State and Zip Code)
ion FL 33322
(Address)
I Pine Island Rd Ste 316
(Name of Firm/Company)
alas & Relis LLC
(Name of Person)
L Relis CPA
return all correspondence concerning this matter to the following:
nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
UMENT NUMBER: P15000036628
(Name of Corporation)
Donna Italia USA, Inc ECT:
Division of Corporations

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### Mailing Address:

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

#### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

<del>-</del>	ions 607.0303(2), 617.0302(2), 607.1309, or 617.1309,	
Florida Statutes, the undersigned,	Koutoulas & Relis LLC	
,	(Name of Registered Agent)	
hereby resigns as Registered Ager	Donna Italia USA, Inc	
neredy resigns as registered Age	(Name of Corporation)	<del></del>
P12000036628		
(Document Number, if known)	<del></del>	
A copy of this resignation was ma	iled to the above listed corporation at its last known add	lress.
The agency is terminated and the this statement is filed.	Office discontinued on the 31st day after the date on whi	ch
	(Signature of Resigning Agent)	
If signing on behalf of an entity:	<u> </u>	22
		} ₹
Steven L Relis		55
<del></del>	(Typed or Printed Name)	. 6 ' <u> </u>
	.:.	· <u>&gt;                                     </u>
Partner		
	(Capacity)	C)

## 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