## 713339

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Opecial instructions to Fining Onices.

\_

400078974874

08/22/06--01056--007 \*\*35.00

FILED 06 AUG 22 PM 2: 31 SECRETARY OF STATE TALLAHASSEE FLORIDA

Office Use Only

AUG 25 2005 KESPS

## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: INTERLODGE N.V., INC.

(Name of Corporation)

DOCUMENT NUMBER: P18339

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:

Pedro A. Martin

(Name of Person)

Greenberg Traurig, P.A.

(Name of Firm/Company)

1221 Brickell Avenue

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Pedro A. Martin (Name of Person) at (305) 579-0545 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2E046(08/05)

## 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, Pedro A. Martin

(Name of Registered Agent)

hereby resigns as Registered Agent for INTERLODGE N.V., INC. (Name of Corporation)

P18339

(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:

Pedro A. Martin

(Typed or Printed Name)

Registered Agent

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation ယ္ထ

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314