# P2000028017

(Re	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(Document Number)		
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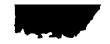
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#### **COVER LETTER**

TO: Amendment Section Division of Corporation	ns
SUBJECT:Biotechinnova,	·
	(Name of Corporation)
DOCUMENT NUMBER: P20	0000028017
The enclosed Resignation of Re	egistered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence	ce concerning this matter to the following:
Tomas Schlesinger	
(Name of	f Person)
Biotechinnova, Inc.	
(Name of Fin	m/Company)
17011 Wandering Way Avenu	ıe
(Add	ress)
Boca Raton, Florida 33496	
(City/State ar	nd Zip Code)
For further information concern	ning this matter, please call:
Tomas Schlesinger	561 527-3280 at ( )
(Name of Person	n) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### 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

Pursuant to the provisions of sections 6	07.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Tomas Schlesinger
•	(Name of Registered Agent)
hereby resigns as Registered Agent for	Biotechinnova, Inc.
	(Name of Corporation)
P20000028017	
(Document Number, if known)	
A copy of this resignation was mailed t	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.	5 U
(S	ignature of Resigning Agent)
If signing on behalf of an entity:	
Tomas Schles	inger
	(Typed or Printed Name)
Registered Ag	gent
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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