P9200009277

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2005 FEB | 8 PM | 1:

R.A. Resignation 2-23-05

TRANSMITTAL LETTER

TO: Amendment Section Division of Corpora	
SUBJECT:	HOT FUN, INC.
	(Name of Corporation)
DOCUMENT NUMBER:	P92000009277
The enclosed Resignation o	f Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
PIERO SALUSSOLIA	
(Nam	e of Person)
SALUSSOLIA & ASSOC	CIATES
(Name of	Firm/Company)
1548 Brickell Avenue	
(A	Address)
Miami, Florida 33129	
(Ĉity/Stat	e and Zip Code)
For further information con-	cerning this matter, please call:
Piero Salussolia	at (305) 373 - 7016 (Area Code & Daytime Telephone Number)
(Name of Per	son) (Area Code & Daytime Telephone Number)
Enclosed is a check made por \$35.00 for an administration	ayable to the Florida Department of State for \$87.50 for an active corporation tively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address	Street Address

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT 2005 FEB 18 PM 1: 23 FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, PIERO SALUSSOLIA
(Name of Registered Agent)
hereby resigns as Registered Agent for HOT FUN, INC.
(Name of Corporation)
P92000009277
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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