## P93000021571

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL MAIL		
(Ви	siness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



100105820871

07/16/07--01041--032 \*\*35.00

O7 JUL 16 PH 4: 25
SECRETARY OF STATE

RA Res.

## **WEINER & ARONSON, P.A.**

ATTORNEYS AT LAW

The Clark House 102 North Swinton Avenue Delray Beach, FL 33444 Telephone: (561) 265-2666 Telecopier: (561) 272-6831

E-mail: sreitman@zonelaw.com

MICHAEL S. WEINER CAROLE J. ARONSON

JASON S. MANKOFF KERRY D. SAFIER SHAYNA M. REITMAN

July 13, 2007

Via 3-Day Overnight Mail

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Damiano's, Inc. Our File No.: MSWA305

Dear Sir/Madam:

Enclosed please find the Resignation of Registered Agent for Damiano's, Inc. Also enclosed please find a check for THIRTY-FIVE AND NO/100 (\$35.00) DOLLARS payable to the Florida Department of State. This amount is for the Filing Fee for this document.

Please return all correspondence concerning this matter to me at:

Shayna M. Reitman, Esquire Weiner & Aronson, P.A. 102 North Swinton Avenue Delray Beach, Florida 33444

Please contact me should you require any further information concerning this matter. My telephone number is (561) 265-2666.

Thank you in advance for your assistance in this matter.

Very truly yours,

Shayna M. Reitman

Enclosure SMR:kp

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60				<sup>1</sup> .1509,		
Florida Statutes, the undersigned,	MICHAEL	<u></u>	WEINER			
	·	_	stered Agent)			
hereby resigns as Registered Agent for	VAMIANO (Name	of C	rporation)		,	
P93000021571						
(Document Number, if known)	_					
A copy of this resignation was mailed to	the above listed cor	porat	ion at its last kno	own addro	ess.	
	liscontinued on the S	<u> </u>	lay after the date	on which	'n	
If signing on behalf of an entity:				SEC	07	
· (T	yped or Printed Name)	-		ALIARY OF	JUL 16 PH	FILED
	(Capacity)			STATE	4 4: 2!	,

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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