## P94000090697

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CMA & OSSOCIA tes. The.  (Name of Corporation)  DOCUMENT NUMBER: P94000 90697
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:
Gisela Fasco (Name of Person)
Broad and Casse (Name of Firm/Company)
The biscarre Tower, wish +100+
2 South Biscarne Bluch. (Address)
Miami FL 33:31 (Oity/State and Zip Code)
For further information concerning this matter, please call:
Gisela Fasco at (305) 373-9419  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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)

(Canacity)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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