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LAW OFFICES  
SIEGFRIED, RIVERA, LERNER,  
DE LA TORRE & SOBEL, P.A.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FLORIDA 33134

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #) 800002201048--4  
-06/04/97--01043--015
3. \_\_\_\_\_  
(Corporation Name) (Document #) \*\*\*\*\*20.00 \*\*\*\*\*35.00
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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97 JUN -4 AM 8:27  
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TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

R.A.  
Resignation

Dmc 6/12/97



Florida Department of State, Jim Smith, Secretary of State

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TALLAHASSEE, FLORIDA


**RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of Chapter 607.037 (3), Florida Statutes, the undersigned, EDWARD T. LEAVY, JR., hereby resigns as  
(Name of Registered Agent)

Registered Agent for R.J. Sewing, Inc.  
(Name of Corporation)  
530 N.W. 26 Street, Miami, Florida 33127

A copy of this resignation was mailed to the above listed corporation at its last known address.

Said resignation will take effect thirty (30) days after receipt of such notice and payment of fee to the Department of State.

  
Signature