P95000044753

(Re	equestor's Name)	
(Ac	idress)	
. (Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
· PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	





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DIVISION OF CORPORATIONS

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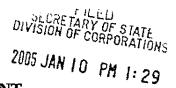
TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ALVAREZ & ALVAREZ ENTERPRISES INC.
(Name of Corporation)
DOCUMENT NUMBER: P95000044753
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:
LOURDES MALAGON (Name of Person)
(Name of Felson)
Alvarez & Alvarez Enterprises, Inc.
(Name of Firm/Company)
18sNfW. 12th Avenue (Address)
Miami, Florida 33130
(City/State and Zip Code)
For further information concerning this matter, please call:
7
Juan Ulises Alvarez at (305) 324-8302 (Name of Person) (Area Code & Daytime Telephone Number)
(and order or payment recognition)
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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

CR2E046(11/02)

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



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, FLORIDA ANNUAL REPORT SERVICES, INC. (Name of Registered Agent)
hereby resigns as Registered Agent for ALVAREZ & ALVAREZ ENTERPRISES INC. (Name of Corporation)
P95000044753
(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:
VIVIAN WILLIAMS (Typed or Printed Name)
Secretary/ Treasurer (Capacity)

Fee for filing this document:

\$87.50 - Active corporation

X \$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