## 500008738

(Requestor's Name)	
(Address)	_
• (Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	_
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400131650104

06/27/08--01041--002 \*\*70.00

R.A. Resignation
TB 7/1/08

## **COVER LETTER**

20202	ECT: PRONAUTIC SPORTS & TRADING CORPORATION (Name of Corporation)
DOCU	MENT NUMBER: P95000087389
The end	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please 1	return all correspondence concerning this matter to the following:
DON	NA M HOFFMAN CPA
	(Name of Person)
BISH	OP, ROSASCO AND CO.
	(Name of Firm/Company)
8085	OVERSEAS HWY
	(Address)
MARA	ATHON , FL 33050
<del></del> ,	(City/State and Zip Code)
For furt	ther information concerning this matter, please call:
DONN	NA M HOFFMAN CPA at ( 305 ) 743-6586
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, F. C. A. Florida Statutes, the undersigned, One of Registered Agent (Name of Registered Agent) PRONAUTIC SPORTS & TRADING CORPORATION (Name of Corporation) P95000087389 (Document Number, if known) A copy of this resignation was mailed to the above listed corporation at its last known address.

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:

JOSE A LERA

(Typed or Printed Name)

(Typed or Printed Name)

PRESIDENT

(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withdrawn corporation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