

P96000060106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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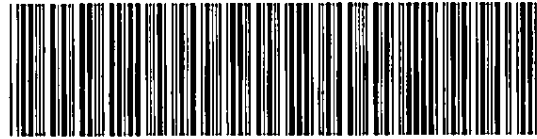
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LEO INTERNATIONAL SERVICES, INC

(Name of Corporation)

DOCUMENT NUMBER: P96000060106

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:

ANA MARIA ARBELAEZ

(Name of Person)

LEO INTERNATIONAL SERVICES, INC

(Name of Firm/Company)

1726 NW 36TH STREET SUITE 20

(Address)

MIAMI, FLORIDA 33142

(City/State and Zip Code)

For further information concerning this matter, please call:

ANA MARIA ARBELAEZ

(Name of Person)

at (561) 271-5359

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, MILAGROS SUAREZ

(Name of Registered Agent)

hereby resigns as Registered Agent for LEO INTERNATIONAL SERVICES, INC


(Name of Corporation)

P96000060106

(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:

MILAGROS SUAREZ

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

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TALLAHASSEE, FL

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withdrawn corporation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