096000060364

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certifled Copies
Special Instructions to Filing Officer:

Office Use Only



400060056294

RA Resign
10/07/05--01020--001 **3500.00
T. Lewis

TRANSMITTAL LETTER

·
TO: Amendment Section Division of Corporations
SUBJECT: homan International Accession, Inc.
DOCUMENT NUMBER: P96 0000 60364
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)
Ohe Biscayne Tower, 21st Floor
2 South Biscaune Blud.
(Address)
Miami FL 33:31 (City/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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

RESIGNATION OF REGISTERED AGENT SECRETARY OF STATE TALLAHASSEE, FLORIDA
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, 13 & C. (10) POIQ to Schuices, Inc.
hereby resigns as Registered Agent for Monan International HCCESOAICS, Inc.
96000 603 64 (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.
Huele Juses (Signature of Resigning Agent)
If signing on behalf of an entity:
Cisc A FASCO (Typed or Printed Name)
Vice 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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