P96000087781

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Exemples Entry (Miller)				
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fA Resign

JEURE TARY OF STATE TALLAHASSEE, FLORIDA

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T. Gobone MAY 2 2 2007

COVER LETTER

TO: Amendment Sect					
Division of Corpo	rations				
SUBJECT: Internet IPC	Advisors, Inc.				
	(Nam	e of Corporatio	n)		
DOCUMENT NUMBER	R:_P96000087781		·	<u> </u>	
The enclosed Resignation	of Registered Agent	for a Corporat	ion and fee are so	ıbmitted for	filing.
Please return all correspo	ndence concerning thi	s matter to the	following:		
Milton Barbarosh	_		J		
	ame of Person)	ŧ			
(4.1)					
		·		-	
(Name	of Firm/Company)				
21218 St. Andrews Bl	vd, #417				
	(Address)			•	•
Boca Raton, FL 33433	3				
(City/Si	ate and Zip Code)		**:	•	
For further information co	oncerning this matter,	please call:			
Linda Coviello	at	(704)	748-2601		
(Name of F	'erson)	(Area Code &	748-2601 Daytime Telepho	ne Number)	
	2.11 PSC + 5	n	00. 0 00.		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, _	Milton H. Barbarosh	
Tional Smalles, and and and and and	(Name of Registered Agent)	
hereby resigns as Registered Agent f	or Internet IPO Advisors, Inc.	_
notoby roughs up respected a result a	(Name of Corporation)	
P96000087781		_
(Document Number, if known)		
A copy of this resignation was maile	d to the above listed corporation at its last known address	•
The agency is terminated and the off this statement is filed.	(Signature of Resigning Agent)	
If signing on behalf of an entity:	ALL	07
If Signing on oction of an entity.	(Typed or Printed Name) (Typed or Printed Name) (Careaity)	FILED 1: 46
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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