P96000089963

(Req	uestor's Name)
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	





600060056506

RA Resign
T. Lew P_{10/0//05--01020--001} **3500.00

FILED

SECRETARY OF SIGNEY

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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: VAGO III Inc. (Name of Corporation)
DOCU	MENT NUMBER: P96000 89963
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
_ <u>G</u>	risela Fasco (Name of Person)
Bro	(Name of Firm/Company)
One	(Name of Firm/Company) Biscayne Tower 21st Floor
<u>2</u>	South Biscayne Boulevard (Address)
Mi	cmi, FL 33131 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
<u> G</u>	(Name of Person) at (30s) 373-9419 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, BEC Concorde Services, Troc.

(Name of Registered Agent)

hereby resigns as Registered Agent for Ago III Inc.

(Name of Registered Agent)

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.

Line Tase

(Signature of Resigning Agent)

If signing on behalf of an entity:

Ciscla Fasco

(Typed or Printed Name)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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