P97000006844

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
AND AHASSEE. FLORID.

R.A. Resignation

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Niso Maman Sculpting, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P97000006844
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:
Ronit Maman, Secretary
(Name of Person)
Niso Maman Sculpting, Inc.
(Name of Firm/Company)
3545 South Ocean Boulevard, #110
(Address)
South Palm Beach, FL 33480
(City/State and Zip Code)
For further information concerning this matter, please call:
Ronit Maman at (561) 659-7070 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,Eu	igne Underberg
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Niso Maman Sculpting, Inc.
	(Name of Corporation)
P9700006844	
(Document Number, if known)	<u> </u>
A copy of this resignation was mailed t	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
Si (Si	gnature of Resigning Agent)
If signing on behalf of an entity:	2008 APR 28 TALLAHAS
	(Typed or Printed Name) SSEE G. FLORING. 30
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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