98000007976

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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RA Resign T. Lewis

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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Bee 44 (OA). (Name of Corporation)
DOC	UMENT NUMBER: P9800007976
The er	aclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	risela Fasco (Name of Person)
Br	(Name of Firm/Company)
One	e Biscayne Tower 21st Floor
<u>2</u> .	South Biscayne Boulevard (Address)
<u>m</u> ;	City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Gi	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,

Registered Agent

(Name of Registered Agent)

(Name of Corporation)

P9800000 7976

(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:

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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