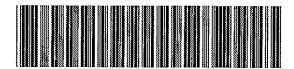
## P98000052829

(Requestor's Name)		
(Address)		
(An	ldress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300027282903

01/26/04--01036--017 \*\*87.50

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Arto Enterprises, Inc.  (Name of Corporati	ion)	- · · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUMBER: P98000052829	-		·
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are su	ibmitted for filing.	
Please return all correspondence concerning this matter to the	ne following:		
Mario A. Garcia (Name of Person)			
Mario A. Garcia, P.A.			
(Name of Firm/Company)	•		
1 South Orange Avenue, Suite 401		•	
(Address)			•
Orlando, Florida 32801		•	
(City/State and Zip Code)	<u></u>		
For further information concerning this matter, please call:			
Mario A. Garcia at ( 407 (Area Code	) 447-9000 & Daytime Telepho	ne Number)	
Enclosed is a check made payable to the Florida Departmen or \$35.00 for an administratively dissolved, voluntarily diss	t of State for \$87.5 olved or withdraws	0 for an active corporation.	ration

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 6	07.0502(2), 617.0502(2), 607.1509, or 6	17.1509,
Florida Statutes, the undersigned, Ma	ario A. Garcia	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Arto Enterprises, Inc.	
Welged trought an treatment a Personal	(Name of Corporation)	
P98000052829		· · · · · · · · · · · · · · · · · · ·
(Document Number, if known)	<del></del> ··.	•—
A copy of this resignation was mailed to	on the above listed corporation at its last k	known address.
this statement is filed.	discontinued on the 31st day after the di	ente on which
If signing on behalf of an entity:		<b>04</b> Sec Sec.
	(Typed or Printed Name)	JAN 30 A AHASSEE
<del></del>	(Capacity)	FI ORIN

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