19800063336

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
·	

Office Use Only



900112947429

12/10/07--01013--025 **157.50

DIVISION OF CORPORATION

2007 DEC 10 PH 9: 58

Billion

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SUSTES SKUCTURES ENC. (Name of Corporation)
DOCUMENT NUMBER: P98000063336
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:
DAVIO A. FIEGLER (Name of Person)
(Name of Person) Susias Sakucaruses Evo (Name of Firm/Company)
23820 C. R. 57/ (Address)
ASVATULA FL 34705 (City/State and Zip Code)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Guarlin of TOHN R. FRANK ATT (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED
SECRETARYLOF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT DEC 10 PM 9: 59 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, (Name of Registered Agent)
hereby resigns as Registered Agent for Suffe Service (Name of Corporation)
P 9800063336 (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: DAVID A ZCGLCR (Typed or Printed Name)
President (Capacity)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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