

P99000016958

(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



600142652136

02/04/09--01027--007 \*\*122.50

FILED  
09 FEB -4 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Tewis  
2-17-09

LAW OFFICES OF  
**LUDOVICI & LUDOVICI**  
Attorneys at Law  
A Professional Association  
Established 1959

Philip F. Ludovici, Esq.  
Edward P. Ludovici, Esq.  
Susan M. Ludovici, Esq.  
Michelle C. Fraga, Esq.

17415 S. Dixie Highway  
(Southbound U.S.1)  
Palmetto Bay, FL 33157-5491  
Telephone 305-235-2161  
Fax 305-235-2250  
e-mail: JBrown@Ludovici-Law.com

*Of Counsel*  
Lorena Hart Ludovici, Esq.

January 30, 2009

Florida Department of State  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Resignation of Officer and Resignation of Registered Agent

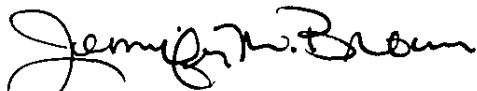
Dear Gentlemen:

Enclosed are the Resignation of Officer and the Resignation of Registered Agent.

I have enclosed our check in the amount of \$122.50 to cover the cost for your services.

Should you have any questions, please contact me.

Very truly yours,



Jennifer M. Brown  
Legal Assistant

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Toptrez, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000016958

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:

John E. Curry

(Name of Person)

TOPTREZ, INC.

(Name of Firm/Company)

21800 SW 252 STREET

(Address)

HOMESTEAD, FL 33031

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN E. CURRY

(Name of Person)

at ( 305 ) 245-8126

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

**FILED**  
09 FEB -4 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Florida Statutes, the undersigned, Elisa Trezona

(Name of Registered Agent)

hereby resigns as Registered Agent for Toptrez, Inc.

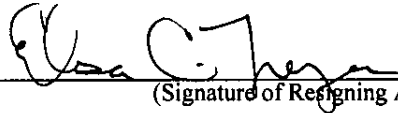
(Name of Corporation)

P99000016958

(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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(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