

P990000 23561

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

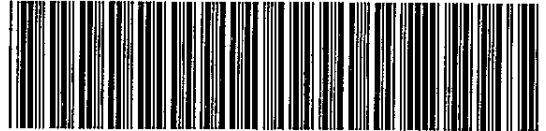
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Resign.
38

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Delma Arredo, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P99000023561

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:

Michael Basile, Esq.
(Name of Person)

Stroock & Stroock & Lavan LLP
(Name of Firm/Company)

200 South Biscayne Blvd., Suite 3160
(Address)

Miami, FL 33131-5323
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Basile at (305) 789-9350
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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,

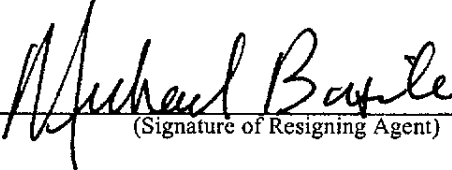
Florida Statutes, the undersigned, Stroock & Stroock & Lavan LLP
(Name of Registered Agent)

hereby resigns as Registered Agent for Delma Arredo, Inc.
(Name of Corporation)

P99000023561
(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:

Michael Basile
(Typed or Printed Name)

Partner
(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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