179900075790

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

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Spicial Events USA, Venc (Name of Corporation) |
| DOCUMENT NUMBER: <u>P99000075790</u> |
| 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: |
| Brunda Di Iola (Name of Person) |
| Brinda Oi Toio P.A. (Name of Firm/Company) |
| 3924 SW 139 Avenue |
| LOCULIFL 33330 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Paul I Prage at (954) 415-0219 (Name of Person) at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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| V 05 07-7- |
|---|
| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.4509 SEE. FLORID |
| Florida Statutes, the undersigned, ACOCIA (Name of Registered Agent) |
| hereby resigns as Registered Agent for Special Events USA, Since (Name of Corporation) |
| P 990000 75790 (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. |
| MENTA DITCIA (Signature of Resigning Agent) |
| If signing on behalf of an entity: |
| Brenda Di Ioia, P.A. (Typed or Printed Name) |
| President |

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Fiorida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)