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TRANSMITTAL LETTER

	endment Section ision of Corporations				
SUBJECT	: Crentie Ce	MUCAD (Name of C	Waldu (orporation)	ride.	Duc_
DOCUME	NT NUMBER:				
The enclose	ed Resignation of Registered A	Agent for a	Corporation and	d fee are sub	mitted for filing.
	(Name of Firm/Company				-
	1319 S. Ja sellino	# 10	<u>14</u>	_	
	(Address) City/State and Zip Code	FL.	33.060	रे	
For further	information concerning this m Well Single (Name of Person)	natter, pleas			e 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Kachel Dinka (Name of Relistered Agent)
hereby resigns as Registered Agent for Cuata Concept Worldw, Le, Two (Name of Corporation)
(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 Printel Name) (Typed or Printel Name) (Typed or Printel Name) (Capacity) (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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