P99000100800

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	· · · · · · · · · · · · · · · · · · ·
(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nar	ne)
(Docum	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filir	ng Officer:	
,		

Office Use Only



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11 DEC -5 AM 9: 43

RARES MALLII

COVER LETTER

(Name of Person)	(Area Code & Daytime Telephone Number)
PEDRO BARRETO	at (954) 943-9006
For further information concerning the	his matter, please call:
(City/State and Zip	Code)
POMPANO BEACH, FL 33069	
(Address)	
590 SW 12 AVE	
(Name of Firm/Con	npany)
EXPO MARBLE & GRANITE, IN	
(Name of Perso	n)
PEDRO BARRETO	
Please return all correspondence con-	cerning this matter to the following:
	red Agent for a Corporation and fee are submitted for filing.
OOCUMENT NUMBER: P9900	• •
UBJECT: EXPO MARBLE & GF	(Name of Corporation)
EVDO MADDI E 0 OF	DANUTE INC
FO: Amendment Section Division of Corporations	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150	19,	
Florida Statutes, the undersigned, FERNANDO B. URTEAGA		
(Name of Registered Agent)		-
hereby resigns as Registered Agent for EXPO MARBLE & GRANITE, INC	_	. •
(Name of Corporation)		— /
P99000100800		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known	address	S.
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	which	
(Signature of Resigning Agent) If signing on behalf of an entity:	,	
(Typed or Printed Name)		
(Capacity)	11 DEC -5 AM	SECRETARY OF CORP
Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation	AM 9: 43	STALE ORATIONS

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