P99000109766

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





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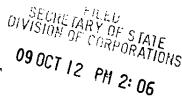
COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Rodriguez Industries, Corp.
(Name of Corporation)
DOCUMENT NUMBER: P99000109766
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:
Jorge Lopez - Garcia (Name of Person)
Jorge Lopez-Garcia P. A. (Name of Firm/Company)
1450 Madruga Ave. Suite 408 (Address)
Coral Gables FL 33146 (City/State and Zip Code)
For further information concerning this matter, please call:
Jorge Lopez-Garcia at (305) 662-2525 (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active co

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 60	97.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Lec	oncio F. Rodriguez
, <u> </u>	(Name of Registered Agent)
hereby resigns as Registered Agent for	Rodriguez Industries, Corp.
	(Name of Corporation)
P99000109766	
(Document Number, if known)	_
A copy of this resignation was mailed to	the above listed corporation at its last known address.
this statement is filed.	discontinued on the 31st day after the date on which
(Sig	nature of Resigning Agent)
If signing on behalf of an entity:	
Т)	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