## D080000067

(F	Requestor's Name)	· · · ·
( <i>F</i>	Address)	
· (/	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: 3978966 CANASA INC. (Name of Alien Business Organization)		
DOCUMENT NUMBER: Q080000067		
The enclosed Resignation of Registered Agent for an Alien Business Organization and fees are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
AllAN VOSKO (Name of Person)		
3978966 CANASA INC. (Name of Firm/Company)  6999 VICTORIT AVENUE  (Address)		
6999 VICTORIT AVENUE		
MONTREAL, QUEBEC, H3W 3E9. (City/State and Zip Code)		
For further information concerning this matter, please call:		
Allaw Vosko at (Area Code & Daytime Telephone Number)		
Englosed is a check made payable to the Florida Department of State for:  \$87.50 Filing fee \$140.00 (\$87.50 Filing Fee and \$52.50 for Certified Copy)		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations		

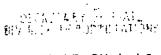
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314





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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF REGISTERED AGENT FOR AN ALIEN BUSINESS ORGANIZATION

Pursuant to the provisions of section 607.0502(2) Florida Statutes,
the undersigned, REUBEN M. Sahverber (Name of Registered Agent)
hereby resigns as Registered Agent for 3978966 CANASA TWO (Name of Alien Business Organization)  OBBOCO OBBO (DOCO OBBO)  (Document Number, if known)
A copy of this resignation was mailed to the above listed alien business organization 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.
Celle Signature of Resigning Agent
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Filing Fee: \$87.50 Certified Copy: \$52.50

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