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## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : ISAAC MATZ P.A., C.P.A.

Account Number : 120040000029

Phone : (305)573-6640 Fax Number : (305)675-6200

REGISTERED AGENT RESIGNATION

FAROPER, INC.

Certificate of Status Certified Copy Page Count 02 Estimated Charge \$96,25

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FAX AUDIT NUMBER: #050001770663

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FAROPER, INC.
(Name of Corporation)
DOCUMENT NUMBER: V51842
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:
AARON PEREDNIK
(Name of Person)
FAROPER, INC.
(Name of Firm/Company)
6770 STIRLING ROAD
(Address)
HOLLYWOOD FL 33024
(City/State and Zip Code)
For further information concerning this matter, please call:
AARON PEREDNIK at ( 954 ) 961-9928  (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

Prepared By: Isaac Matz, P.A., C.P.A. 2742 Biscayne Blvd. Miami, FL 33137 Phone: (305) 573-6640 Fax: (305) 675-6200

FAX AUDIT NUMBER: 4050002770663

FAX AUDIT NUMBER: 405000 277 0663

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,JA	Y L BORSKY
	(Name of Registered Agent)
hereby resigns as Registered Agent for	FAROPER, INC.
	(Name of Corporation)
V51842	
(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 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:	,
-	
	SEC 50
. (	(Capacity)  Typed or Printed Name)  TALLAHASSEE TARY OF STATE OR 2: 21
<del></del>	(Capacity)
Fee for filing	this document:
	ve corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

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

withdrawn corporation

Prepared By: Isaac Matz, P.A., C.P.A. 2742 Biscayne Blvd. Miami, FL 33137 Phone: (305) 573-6640 Fax: (305) 675-6200

FAX AUDIT NUMBER: 405000 77 0663