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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.

Account Number: 076077002775 : (407)760-4670 Fax Number : (407)951-8209

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	·
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REGISTERED AGENT RESIGNATION VAN AN CO., INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$87.50

MAR 1 / 2021

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of	f sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersi	gned. WHWW, Inc.		
.,	(Name of Registered Agent)		
hereby resigns as Registered	Agent for Van An Co., Inc.		
	(Name of Corporation)		
847260			
(Document Number, if ke	nown)		
A copy of this resignation w	as mailed to the above listed corporation at its last known addre	:SS.	
The agency is terminated and this statement is filed.	d the office discontinued on the 31st day after the date on which	ı	
	(Signature of Resigning Agent)		
If signing on behalf of an en	tity:		
Deborah Fric	:ke	~	
	(Typed or Printed Name)		
Vice Preside	nt	$\overline{\Xi}$	
	(Capacity)	: :	٠, :
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		77 ∴#1	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

CR2E046 (12/19)