L17000232950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

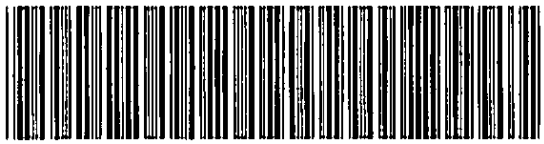
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900392325189

08/15/22--01026--012 **87.50

FILED
2022 FEB 22 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

CORSTRAT LLC

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: L17000232050

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:

Kristin Vivo

_____
(Name of Person)

Vivo PLLC

_____
(Name of Firm/Company)

1250 E Blue Heron Blvd, #4

_____
(Address)

Singer Island, FL 33404

_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristin Vivo 561 313-2046

_____ at (_____)_____
(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of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2022

KRISTIN VIVO
VIVO PLLC
1250 E BLUE HERON BLVD. #4
SINGER ISLAND, FL 33404

SUBJECT: CORSTRAT LLC
Ref. Number: L17000232050

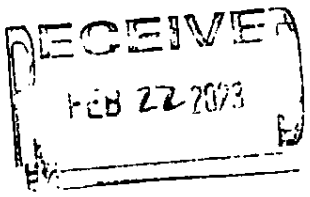
We have received your document for CORSTRAT LLC and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 822A00025344



STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Kristin Vivo , hereby resigns as

Name of Registered Agent

Registered Agent for Corstrat LLC

Name of Limited Liability Company

L17000232050

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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.

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILED
2023 FEB 22 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FL

FILING FEES:

$ 85.00 Active limited liability company
$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

INHS17 (2/14)