L21000482773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARTINDALE BILLINGS INJURY LAW, PLLC
(Name of Corporation)

DOCUMENT NUMBER: L21000482773

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:

April Martindale
(Name of Person)

Martindale Law
(Name of Firm/Company)

7771 W. Oakland Park Blvd., Suite 162
(Address)

Sunrise, FL 33351
(City/State and Zip Code)

For further information concerning this matter, please call:

April Martindale at (954) 636 6330
(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of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED
2025 MAY 12 PM 2:01
SECRETARY OF STATE

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

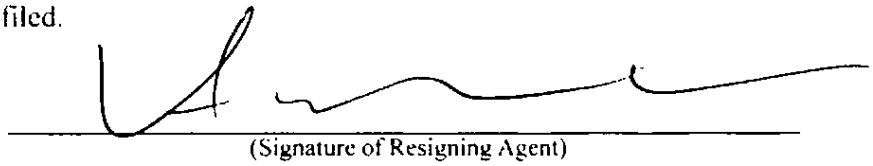
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned. April Martindale
(Name of Registered Agent)

hereby resigns as Registered Agent for MARTINDALE BILLINGS INJURY LAW, PLLC
(Name of Corporation)

L21000482773
(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 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)

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$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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)