

PO2000097770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

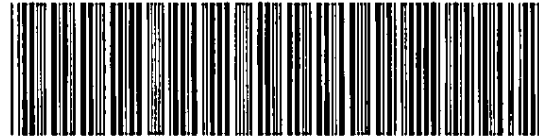
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400372300064

09/03/21--01029--003 **35.00

2021 SEP -3 PM 6:11
RECEIVED

KARAS

SEP 15 2021
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMARTI U.S.A. CORP.
(Name of Corporation)

DOCUMENT NUMBER: P02000097770

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:

OSCAR R. RIVERA
(Name of Person)

SIGFRIED RIVERA
(Name of Firm/Company)

201 ALHAMBRA CIRCLE, 11TH FLOOR
(Address)

CORAL GABLES, FLORIDA 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

OSCAR R. RIVERA at (305) 442-3334
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, SKRLD, INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for COMARTI U.S.A.CORP.
(Name of Corporation)

PO2000097770
(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:

OSCAR R. RIVERA
(Typed or Printed Name)

SHAREHOLDER
(Capacity)

2021 SEP - 3 PM 6: 11
FD

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withdrawn corporation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