P10000054587

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	e #)
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(Dx	ocument Number))
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COVER LETTER

TO: Amendment Section	
Division of Corporations	
SGA MANAGEMENT, INC SUBJECT:	
(Name of	Corporation)
DOCUMENT NUMBER: P10000054587	
The enclosed Resignation of Registered Agent for a	a Corporation and fee are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Seriozha Sergio Gonzalez	
(Name of Person)	
SGA MANAGEMENT, INC.	
(Name of Firm/Company)	·
12973 SW 112 ST # 384	
(Address)	···
MIAMI, FL 33186	
(City/State and Zip Code)	
For further information concerning this matter, plea	nse call:
Seriozha Sergio Gonzalez 30	5 975-8694) Area Code & Daytime Telephone Number)
(Name of Person) (A	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0503(2), 617.0502(2), 607.1509, or 617	7.1509,
Florida Statutes, the undersigned,	Seriozha S Gonzalez	
Triad Salvated, the underlygien,	(Name of Registered Agent)	
hereby resigns as Registered Agen	SGA MANAGEMENT, INC.	
neredy resigns as Registered Agen	(Name of Corporation)	
P10000054587		
(Document Number, if known)		
A copy of this resignation was mai	iled to the above listed corporation at its last kn	own address.
The agency is terminated and the of this statement is filed. If signing on behalf of an entity:	(Signature of Resigning Agent) (Typed or Printed Name)	200 which 2000 12 1711: 25
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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