P11000063604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

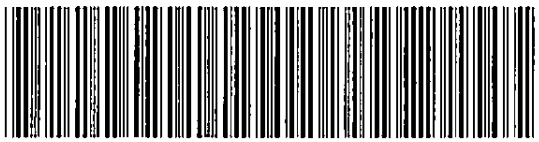
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700456489317

08/22/25--01022--014 **87.50

FILED
2025 AUG 22 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 6 9

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Protection Max, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P11000063604

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:

Alberto Montes
(Name of Person)

Protection Max, Inc.
(Name of Firm/Company)

5371 NW 161 Street
(Address)

Miami Lakes, FL 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Skop at (954) 791-2514
(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of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Michael W. Skop, Esq.

(Name of Registered Agent)

hereby resigns as Registered Agent for Protection Max, Inc.

(Name of Corporation)

P11000063604

(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)

2025 AUG 22 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)