

P15000064756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

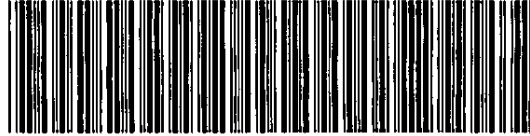
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200288394292

07/27/16--01015--010 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 JUL 27 PM 2:51

AUG 4 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HaloPolymer USA Inc.
(Name of Corporation)

DOCUMENT NUMBER: P15000064756

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:

Gary Grant

(Name of Person)

HaloPolymer USA Inc.

(Name of Firm/Company)

1498 SW 5th Avenue

(Address)

Boca Raton, FL 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Grant

(Name of Person)

at (**954**) **304-3008**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 JUL 27 PM 2:51

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Gary Grant

(Name of Registered Agent)

hereby resigns as Registered Agent for HaloPolymer USA Inc.


(Name of Corporation)

P15000064756

(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.

07/25/2016 Gary Grant 

(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