

P17 0000 34922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

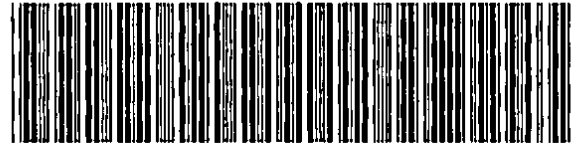
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 15 2020
S. YOUNG

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2020 MAY 26 AM 6:43
STATE OF CONNECTICUT
DEPT. OF REVENUE

COVER LETTER

TO: Amendment Section
Division of Corporations
Chrisley Productions Inc.

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: P17000034922 _____

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:

Robin Fleming

(Name of Person)

Chrisley Productions Inc.

(Name of Firm/Company)

11924 Forest Hill Boulevard, #10A-176

(Address)

Wellington, Florida 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

Robin Fleming

561

3011078

(Name of Person) at (_____) _____
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Robin Fleming

(Name of Registered Agent)

Chrisley Productions Inc.

hereby resigns as Registered Agent for

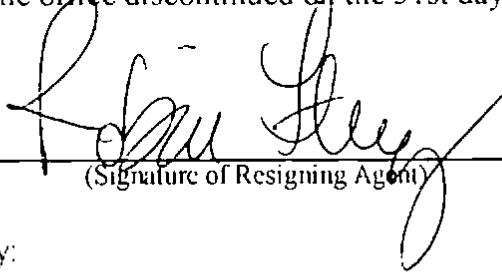
(Name of Corporation)

P17000034922

(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:

Robin Fleming

(Typed or Printed Name)

Secretary

(Capacity)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 MAY 26 AM 6:43

FILED

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