

P180000090418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

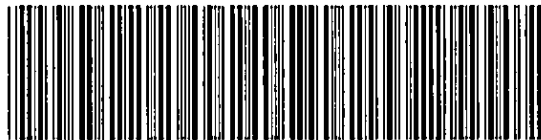
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



800339060508

01/10/20--01004--007 **35.00

FILED
2020 JAN 10 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN 10 AM 11:13
JAN 10 2020
TALLAHASSEE, FL

O SIMMONS

JAN 13 2020

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED REGISTERED AGENT RESIGNATION FOR:

EDUMELCAR 272130 INC.

PLEASE RETURN A STAMPED COPY

CHECK# 8568 FOR: \$35.00

THANK YOU!

2020 JAN 10 AM 10:39
RECEIVED
TALLAHASSEE, FL 32301

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Atrium Registered Agents, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for Edumelcar 272130 Inc.

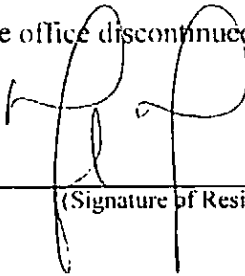
(Name of Corporation)

P18000090418

(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:

Felipe Frias

(Typed or Printed Name)

Vice President of Atrium Registered Agents, Inc.

(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withdrawn corporation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**

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN 10 AM 8:38

FILED