P22000074654

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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations	
Woodham Industries, Inc SUBJECT:	
(Name of Corporation)	
DOCUMENT NUMBER: P22000074654	
The enclosed Resignation of Registered Agent for a Corporation and fee are sub-	nitted for filing.
Please return all correspondence concerning this matter to the following:	
JULIANNE FRANK	
(Name of Person)	
JULIANNE FRANK PA	
(Name of Firm/Company)	
4495 MILITARY TRAIL SUITE 107	
(Address)	
JUPITER FLORDA 33458	2024 MAR 11 SEGRETAR
(City/State and Zip Code)	ASS T
For further information concerning this matter, please call:	<
JULIANNE FRANK 561-389-866 at (Number)
(Name of Person) (Area Code & Daytime Telephone	Number): 19

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	ns 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	IULIANNE FRANK
•	(Name of Registered Agent)
hereby resigns as Registered Agent	for WOODHAM INDUSTRIES INC
nereby resigns as registered Agent	(Name of Corporation)
P22000074654	
(Document Number, if known)	
A copy of this resignation was maile	ed to the above listed corporation at its last known 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) (Typed or Printed Name)
<u> </u>	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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