

95000069164

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0380

From:  
Account Name : CRAIG I. KELLEY, P.A.  
Account Number : I20010000039  
Phone : (561) 684-5524  
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DIVISION OF CORPORATIONS

REGISTERED AGENT RESIGNATION

SERVIZIO, INC.

Certificate of Status	1
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R/A Resign  
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SERVIZIO, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P95000069164

The enclosed Resignation of Registered Agent for a Corporation and fee arc submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig I. Kelley  
(Name of Person)

Craig I. Kelley, PA  
(Name of Firm/Company)

1665 Palm Beach Lakes Blvd, Suite 1000  
(Address)

West Palm Beach, FL 33401  
(City/State and Zip Code)

For further information concerning this matter, please call:

Martha Ortman at ( 561 ) 684-5524 Ext 14  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
409 E. Gaines Street  
Tallahassee, FL 32399

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**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, Craig I. Kelley, Esq  
(Name of Registered Agent)

hereby resigns as Registered Agent for Servizio, Inc.  
(Name of Corporation)

P95000069164  
(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

Craig I. Kelley  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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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

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