852507

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
•		,
PICK-UP	☐ WAIT	MAIL
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(Bi	isiness Entity Nam	e)
(Do	ocument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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2009 JUL 27 AM 10: 04 SECRETARY OF STATE ALL AHASSEF, FLORID

2009 JUL 27 AM IO:

R.A. Resign.

TB JUL 29 2009

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MEELS COMPANY IN C (Name of Corporation)
DOCUMENT NUMBER: 852507
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:
(Name of Person)
(Name of Firm/Company)
7210 RED ROAD STE 207-B (Address)
South MIAMI FL 33143 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (305) 667-5495 (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of State for \$87.50 for an active corporation \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

< 1.

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

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RESIGNATION OF REGISTERED AGENT
RESIGNATION OF REGISTERED AGENT FOR A CORPORATION Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
· FLORITE
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, DAPHNE HARZ (Name of Registered Agent)
hereby resigns as Registered Agent for NEELS Company, INC., (Name of Corporation)
852507
(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:
(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