

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

: (800)221-2972

Phone

: (888)692-9256

Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

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## REGISTERED AGENT RESIGNATION 1-800 ANY LENS OF BOCA RATON, INC.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: 1-800 ANY LENS OF BOCA RATON, INC
(Name of Corporation)  DOCUMENT NUMBER: F99000004395
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:
TRACEE COTTON
(Name of Person)
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
(Name of Firm/Company)
16 COURT ST 14TH FLOOR
(Address)
BROOKLYN, NY 11241
(City/State and Zip Code)
For further information concerning this matter, please call:
TRACEE COTTON (Name of Person) at (800 ) 221-2972 X1550 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509	, or 617.1509,
Torida Statutes, the undersigned, BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. (Name of Registered Agent)		
mores, resigns as respectively	(Name of Corporation)	
F99000004395		
(Document Number, if known)	<del></del>	
A copy of this resignation was mai	led to the above listed corporation at its	last known address.
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after t	he date on which
Dement	(Signature of Resigning Agent)	<del></del>
If signing on behalf of an entity:		20 S.F.
ZEINA HAS		2018 OCT -5 SECRETARY TALLAHA
	(Typed or Printed Name)	TAR:
ASSISTAN	T SECRETARY	S. C. C.
	(Capacity)	AM 8: 00

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