N21 CCCC 14195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Resignation of RA

11/10/21--01006--016 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

DEC 01 2021

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

SUBJECT: PUNISHERS MC CAPE FEAR INC.
(Name of Corporation)

DOCUMENT NUMBER: N20000014198

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:

JOSEPH P. LALIBERTE
(Name of Person)

PUNISHERS MC CAPE FEAR INC.
(Name of Firm/Company)

17080 HARBOUR POINTE DRIVE, HARBOUR TOWER #1113
(Address)

FORT MYERS, FLORIDA 33908
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH P. LALIBERTE at (207) 240-5676
(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of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, KEVISS J. BOHOQUE SR.
(Name of Registered Agent)

hereby resigns as Registered Agent for PUNISHERS MC CAPE FEAR INC.
(Name of Corporation)

N20000014198
(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.

X _____
(Signature of Resigning Agent)

If signing on behalf of an entity:

JOSEPH P. LALIBERTE
(Typed or Printed Name)

MASTER SARGEANT AT ARMS
(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$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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**

CR2E046 (12/19)