N 12 000 001790

(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

10/18/22--01016--003 **87.50

2022 OCT 18 PM 12 25

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A. RAMSEY

JAN 17 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDIAN ARMS, INC.
(Name of Corporation)

DOCUMENT NUMBER: N12000001790

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:

Henry Gamboa
(Name of Person)

Floridian Legal
(Name of Firm/Company)

3910 West Flagler Street - Suite # 100
(Address)

Miami, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Henry Gamboa at (305) 443-2525
(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of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

2020 OCT 18 PM 12 25

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

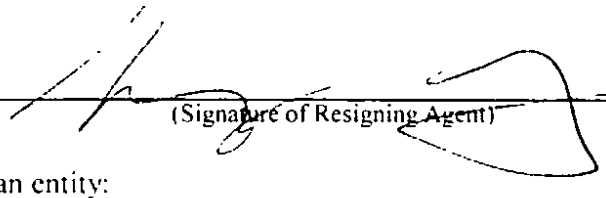
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, CARLOS A. GIL, PA
(Name of Registered Agent)

hereby resigns as Registered Agent for FLORIDIAN ARMS, INC.
(Name of Corporation)

N12000001790
(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:

Henry Gamboa, Esq.
(Typed or Printed Name)

Authorized Agent
(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)