# 193932

(Řequestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	ne #)
P WAIT	MAIL
(Business Entity Na	me)
(Document Number	)
Certificate	s of Status
s to Filing Officer:	
3/3/22	
	(Address)  (City/State/Zip/Phone P

Office Use Only



400382065754

02/24/22--01007--025 \*\*87.50

SECRETARY OF STATE

#### **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

SUBJECT: FLEETWING CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: 193932

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:

### MARYANN TROIANO

(Name of Person)

## FLEETWING CORPORATION

(Name of Firm/Company)

### 742 S COMBEE ROAD

(Address)

#### LAKELAND FL 33801

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (863 )802-8037 (Area Code & Davtime 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, EDUARDO F. MORRELL, ESQ.
(Name of Registered Agent)
hereby resigns as Registered Agent for FLEETWING CORPORATION  (Name of Corporation)
(Name of Corporation)
193932
(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:
SSE P
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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