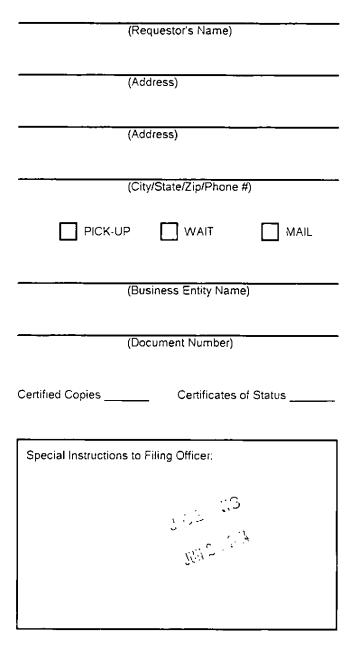
354209



Office Use Only



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05/06/24--01009--019 **87.50

COVER LETTER

MIAMI PEPES HARDWARE, INC. (Name of Corporation) DOCUMENT NUMBER: 354209 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: VIVIAN WILLIAMS (Name of Person) FLORIDA ANNUAL REPORT SERVICES, INC (Name of Firm/Company) 2300 CORAL WAY (Address) MIAMI, FLORIDA 33145 (City/State and Zip Code) For further information concerning this matter, please call: VIVIAN WILLIAMS 305 856-0056	TO:	Division of Corporations	
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VIVIAN WILLIAMS 305 856-0056		(City/State and Zip Code)	
	For fi	further information concerning this matter, please call:	
at I	VIVIA	IAN WILLIAMS 305 856-0056 at ()	
(Name of Person) (Area Code & Daytime Telephone Number)		(Name of Person) (Area Code & Daytin	e 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned.	LORIDA ANNUAL REPORT SERVICES, INC	
(Name of Registered Agent)		
hereby resigns as Registered Agent f	MIAMI PEPE'S HARDWARE, INC.	
nereby resigns as Registered Agent i	(Name of Corporation)	
354209		
(Document Number, if known)		
A copy of this resignation was maile	d to the above listed corporation at its last known addre	SS.
	ice discontinued on the 31st day after the date on which	ŀ
this statement is filed.	(Signature of Resigning Agent)	
If signing on behalf of an entity:	702u	
VIVIAN WILLIAMS		
	(Typed or Printed Name)	
PRESIDENT	(Capacity)	
	(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