40781

(Danwarted News)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400372229874

R. LVH TE SEP 08 2021

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	
	(Name of Corporation)
DOCU	JMENT NUMBER: 407081
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
ABEL.	A. PUTNAM
	(Name of Person)
PUTNA	AM, CREIGHTON & AIRTH, PA
	(Name of Firm/Company)
РО ВО	X 3545
	(Address)
LAKEI	LAND, FL 33802
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
ABEL	A PUTNAM 863 682-1178 at ()
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ns 607.0503(2), 617.0502(2), 607.1509, or 617.15	09,
Florida Statutes, the undersigned,	ABEL A. PUTNAM	
	(Name of Registered Agent)	
hereby resigns as Registered Agent	MILLER SAFE AND LOCK CO., INC.	
7 2	(Name of Corporation)	
407081		
(Document Number, if known)		
A copy of this resignation was mail-	ed to the above listed corporation at its last knows	ı address
The agency is terminated and the of this statement is filed.	ffice discontinued on the 31st day after the date on	which
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		- <u>-</u> .
ABEL A. PUTNAM		
-	(Typed or Printed Name)	•
		-
	(Capacity)	7:57

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withdrawn corporation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