486225

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Dc	cument Number)	
Certified Copies		
Special Instructions to Filing Officer:		
Special instructions to	Tilling Officer.	





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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Robert M. PERFO Dem DA (Name of Corporation)
DOCUMENT NUMBER: 486235
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:
UNKNOWN (Robert PERSZ) (Name of Person)
Robert M. PEREZ DR M PF) (Name of Firm/Company)
Unknown (600) S.W. 18 Short
WKNOWN (Plant ATTON P 633317)
For further information concerning this matter, please call:
(Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active countries of the state of the

corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Robbet m. PER	hereby resign as nosiclint
of Robert Mr.	(Title) Corporation) (Title)
(Nam (Document Number, if known)	e of Corporation), a corporation organized under the laws of the State of
Morida Manuel, II KIDWII)	·

Signature of resigning officer/dilector

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314