520304

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

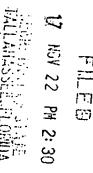
Office Use Only



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COVER LETTER

TO: Amendment Division of O					
SUBJECT: Inni	sfallen, Ir	nc.			
		(Name	of Corporat	ion)	
DOCUMENT NUM	ивек: <u>52030</u> 4	4			
The enclosed Resign	nation of Registe	ered Agent fo	or a Co rp or	ration and fee are submitted for	filing.
Please return all cor	respondence con	cerning this	matter to t	he following:	
Caleb J. G	rimes, Es	squire			
	(Name of Perso	on)		-	
Grimes Go	ebel, Eta	al.			
	Name of Firm/Cor	npany)		<u>-</u>	
1023 Mana	itee Aver	nue We	est		
	(Address)			_	
Bradenton,	FL 342	205			
	City/State and Zip	Code)		-	
For further informat	ion concerning t	his matter, p	lease call:		
Nicole Fort	son	at (941	748-0151 e & Daytime Telephone Number)	
(Nan	ne of Person)	a. ((Area Code	& Daytime Telephone Number)	
				nt of State for \$87.50 for an act solved or withdrawn corporation	
Street Address: Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	tions ter Circle	Mailing Ad Amendmen Division of Post Office Tallahassee	t Section Corporatio Box 6327		

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. Caleb J. Grimes	
(Name of Registered Agent)	-
hereby resigns as Registered Agent for Innisfallen, Inc.	
(Name of Corporation)	-
520304	
(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:	
(Typed or Printed Name)	NOV A
(Capacity)	22 24
Fee for filing this document: 87.50 Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	2: 30

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation