

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	, <u></u>
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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03/20/18--01027--031 **35.00

R. WHITE
MAR 2 1 2018



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: RAYMOND INTERNATIONAL	BUILDERS, INC.
(Name of Corporat	tion)
DOCUMENT NUMBER: 802016	
The enclosed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
ROBIN MOLT	
(Name of Person)	_
CORPORATION SERVICE COMPANY	
(Name of Firm/Company)	-
80 STATE STREET	
(Address)	_
ALBANY NY 12207	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
ROBIN MOLT at 518	4337018 & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 617.0502	
Florida Statutes, the undersigned, UNITED STATES CORPORATION CO)MPANY
(Name of Registered Agent)	
hereby resigns as Registered Agent for RAYMOND INTERNATIONAL BUILDI	ERS, INC.
(Name of Corporation)	
802016	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
ROBIN MOLT	
(Typed or Printed Name)	us this to be
ASST SECRETARY	18 HA
(Capacity)	2 H
Fee for filing this document:	ယ္ မ
\$87.50 - Active Corporation	

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/