## F0400000065

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

Office Use Only



09/20/19--01007--01

OCT 0 8 2019 3

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJ	ESP ASSOCIATES	OF NORT	H CAROLINA, P.A.
	(	Name of Corporati	on)
DOC	UMENT NUMBER: F04000000	350 	
The e	nclosed Resignation of Registered Ag	ent for a Corpora	ation and fee are submitted for fil
Please	e return all correspondence concerning	g this matter to th	ne following:
Bru	ıce B. Hubbard		
	(Name of Person)		
Hu	bco		
	(Name of Firm/Company)	·	
238	3 West Jericho Turnp	oike	
	(Address)		
Hu	ntington Station, NY	11746	
	(City/State and Zip Code)		
For fu	irther information concerning this ma	tter, please call:	
La	urie Wilson	<sub>at (</sub> 516	813-1186 & Daytime Telephone Number)
	(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclo or \$3:	sed is a check made payable to the Fl 5.00 for an administratively dissolved	orida Departmen , voluntarily diss	t of State for \$87.50 for an active olved or withdrawn corporation.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 6	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Hull	bco Registered Agent Services, Inc.
	(Name of Registered Agent)
hereby resigns as Registered Agent for	ESP ASSOCIATES OF NORTH CAROLINA,
nereby resigns as registered regent for	(Name of Corporation)
F0400000650	
(Document Number, if known)	<del></del>
A copy of this resignation was mailed t	o the above listed corporation at its last known add
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on whi
<u></u>	B Arthur ignature of Resigning Agent)
If signing on behalf of an entity:	
Bruce B. Hubl	
	(Typed or Printed Name)
President	
	(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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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