# F05000000844

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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RECEIVED



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 06/25/24 Order #: 1541670-5 Re: EnerFuel, Inc.

Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Agent Resignation

meille man

Amount to be deducted from our State Account: \$87.50 - FL State Account Number:

120000000195

3500

**AUTH** 

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

#### **COVER LETTER**

Division of Corporations	
SUBJECT: EnerFuel, Inc.	
(Name of Corporat	ion)
DOCUMENT NUMBER: F05000000844	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
RESIGNATION DEPARTMENT	
(Name of Person)	-
CORPORATION SERVICE COMPANY	
(Name of Firm/Company)	-
251 LITTLE FALLS DRIVE	
(Address)	-
WILMINGTON, DE 19808	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
RESIGNATION DEPARTMENT 800 at (	927-9801
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:**

**TO:** Amendment Section

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 sect	ions 607.0503(2), 617.0502(2), 607.1509, 6	or 617.1509,
Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY (Name of Registered Agent)		
	(Name of Corporation)	
F05000000844		
(Document Number, if known)		
A copy of this resignation was ma	ailed to the above listed corporation at its la	ıst known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after th	e date on which
Kyl Jank	1	
0	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
BY KYLE TODD		FIL 2024 JUN 25 TÄLLÄHÄSSS
<del></del> -	(Typed or Printed Name)	FIL JUN 25
VICE PRESIDENT	Γ	
	(Capacity)	— 9: 3

### 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