F070000000984

(Requestor's Name)	
(Address)	60
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



600328394946

04/30/19--01028--006 **87.50

2019 £78 30 FH12: 14

RARCS

MAY 10 2019 I ALBRITTON

COVER LETTER

SUBJECT: DSECARE	GONET USA, INC. (Name of Corporation)	
(Name of Corporation)		
DOCUMENT NUMBER:	F0700000984	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.		
Please return all correspondence conc	eerning this matter to the following:	
LEE, YOUNG SOO (Name of Person	n)	
(Name of Firm/Com	pany)	
3650 NEWTON ST (Address)	#33	
TORRANCE, CA (City/State and Zip C	90505 Code)	
For further information concerning this matter, please call:		
(Name of Person)	at (3/0) 707 - 5884 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.		
Amendment Section Division of Corporations Clifton Building	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

TO:

Amendment Section
Division of Corporations

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, LEE, YOUNG SOO (Name of Registered Agent)	
hereby resigns as Registered Agent for	NC
$\frac{F0700000984}{\text{(Document Number, if known)}}$	
A copy of this resignation was mailed to the above listed corporation at its last known	wn address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. (Signature of Resigning Agent)	on which
If signing on behalf of an entity:	2019 : .
(Typed or Printed Name)	11 (21)
(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withdrawn corporation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