F07000005297

(Requestor's Name) (Address)	900336710189	
(Address)		
(City/State/Zip/Phone #)	11/15/19	U102UUU8 ♣♦35.UQ
(Business Entity Name) (Document Number)	S TALLFN ⁻	2019 NOV 15
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RIA Resign

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: AGENT PROVOCATEUR, INC.

(Name of Corporation)

DOCUMENT NUMBER: F07000005297

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERNESTO CRUZ

(Name of Person)

PARACORP INCORPORATED

(Name of Firm/Company)

PO BOX 160568

(Address)

SACRAMENTO CA 95816

(City/State and Zip Code)

For further information concerning this matter, please call:

ERNESTO CRUZ

₃₁ 888 \ 280-6251

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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.	1509.
Florida Statutes, the undersigned. PARACORP INCORPORATED (Name of Registered Agent)	
(Titule of Registered Ligani)	
hereby resigns as Registered Agent for AGENT PROVOCATEUR, II	NC.
hereby resigns as Registered Agent for (Name of Corporation)	
F07000005297	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
(Signatury of Resigning Agent)	2019 HO
If signing on behalf of an entity:	OV 1
JODY MOUA	2019 NOV 15 PH 12: 14
(Typed or Printed Name)	产品
ASST SECRETARY	
(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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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