Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Ta:

Division of Corporations

Fax Number

: (850)617-6380

R. WHITE

From:

JAN 3 1 2018

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future

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Email Address:

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REGISTERED AGENT RESIGNATION FOOTHILL SECURITIES, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FOOTHILL SECURITIES, INC
(Name of Corporation) DOCUMENT NUMBER: F09000003646
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:
Kate Seidita
(Name of Person)
NATIONAL REGISTERED AGENTS, INC.
(Name of Firm/Company)
111 8th Avenue, 13th Floor
(Address)
New York, NY 10011
(City/State and Zip Code)
For further information concerning this matter, please call:
Kate Seidita at (212) 894-8526 (Area Code & 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of State for \$87.50 for an active corporatio or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, NRAI SERVICES, INC.			
(Name of Registered Agent)			
hereby resigns as Registered Agent for FOOTHILL SECURITIES, INC			
(Name of Corporation)	-		
F0900003646			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known address	•		
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.			
Rleen		1 8	
(Signature of Resigning Agent)	ا في يسوم الرامان	پ	
If signing on behalf of an entity:		JAN 30	;=: ;=:
NRAI SERVICES, INCKate Seidita	:	A	6 190 1 1 1 1
(Typed or Printed Name)	4 A - 1	i.O	۱
ASSISTANT SECRETARY	4	G70	

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

(Capacity)