

F10000002852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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O SIMMONS

FEB 07 2020

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OTA FRANCHISE CORPORATION  
(Name of Corporation)

DOCUMENT NUMBER: F10000002852

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:

EMILY SMITH

(Name of Person)

PARACORP INCORPORATED

(Name of Firm/Company)

PO BOX 160568

(Address)

SACRAMENTO CA 95833

(City/State and Zip Code)

For further information concerning this matter, please call:

EMILY SMITH

(Name of Person)

at ( 888 ) 418.8861

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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