Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.

Em o	i	1	Address:	

REGISTERED AGENT RESIGNATION CONTESSA PREMIUM FOODS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

SUBJECT: Contessa Prer	(Name of Corpora	
DOCUMENT NUMBER:	FUQOO	002551
The enclosed Resignation of Registered	d Agent for a Corpo	ration and fee are submitted for filing
Please return all correspondence conce	rning this matter to	the following:
Theresa Alfieri		
(Name of Person)		_ ·
CT CORPORATION	SYSTEM	
(Name of Firm/Compa	any)	· ·
111 8th Avenue, 13th	h Floor	•
(Address)		_
New York, New York	10011	
(City/State and Zip Co	ode)	-
For further information concerning this	matter, please call:	
Theresa Alfieri	at (212	₁ 894-8516
(Name of Person)	(Area Cod	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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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, CT CORPORATION SYSTEM
(Name of Registered Agent)
hereby resigns as Registered Agent for Contessa Premium Foods, Inc.
(Name of Corporation)
F11000002551 (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.
(Signature of Resigning Agent)
If signing on behalf of an entity:
CT CORPORATION SYSTEM-Theresa Alfieri
(Typed or Printed Name)
ASSISTANT 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