

F/10000002939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

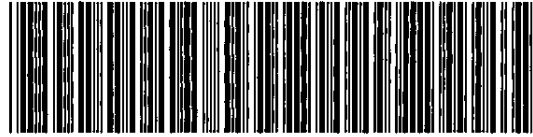
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900263477829

09/23/14--01012--010 **87.50

Resignation
of RA

FILED
2014 SEP 23 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DDP
9/30/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mottech USA, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F11000002939

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:

Shalom Zion

(Name of Person)

Mottech USA, Inc.

(Name of Firm/Company)

Kibbutz Yakum

(Address)

Kibbutz Yakum , Israel

(City/State and Zip Code)

For further information concerning this matter, please call:

Shalom Zion

(Name of Person)

at (country code 972) 50-538-8050
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

2014 SEP 23 PM 1:49

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509 and 617.1509,

Florida Statutes, the undersigned, Avi Komorov

(Name of Registered Agent)

hereby resigns as Registered Agent for Mottech USA, Inc

(Name of Corporation)

F11000002939

(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:

(Typed or Printed Name)

(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withdrawn corporation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