

F12000000097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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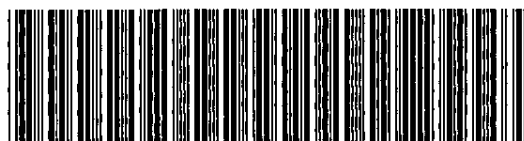
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
4237
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: County Surplus Co.

(Name of Corporation)

DOCUMENT NUMBER: F12000000097

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:

Armando Cardella

(Name of Person)

County Surplus Co.

(Name of Firm/Company)

28 West Flagler Street, Suite 1000

(Address)

Miami, FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

Armando Cardella

(Name of Person)

at (305) 320-3939

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, Sara Lowe
(Name of Registered Agent)

hereby resigns as Registered Agent for County Surplus Co.
(Name of Corporation)

F12000000097

(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.

Sara Lowe.
(Signature of Resigning Agent)

If signing on behalf of an entity:

SARA LOWE.
(Typed or Printed Name)

Registered Agent / President
(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withdrawn corporation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