# F12000003089

(Re	equestor's Name	)
(Ac	ddress)	·
(Ac	idress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	_
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	<b>J</b> .	HORNE JL 17 2024
	Ĵί	JL 17 2024

Office Use Only



600431538696

06/14/24--01014--011 \*\*87.50



## **COVER LETTER**

TO: Amendment Section Division of Corporations	
Teapot Realty LTD. INC.	
()	(Name of Corporation)
DOCUMENT NUMBER: F12000002089	
The enclosed Resignation of Registered Agr	gent for a Corporation and fee are submitted for filing
Please return all correspondence concerning	ng this matter to the following:
Mia Thomas	
(Name of Person)	
(Name of Firm/Company)	
3070 Leahy Alley	
(Address)	
Orlando, FL 32814	
(City/State and Zip Code)	
For further information concerning this mat	utter, please call:
Mia Thomas	at () 538-6048 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

### **Mailing Address:**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ţ

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	RESIGNATION OF REGISTERED AGENT FOR A CORPORATION
Pursuant to the prov	isions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the	undersigned, Mia A. Thomas
	(Name of Registered Agent)
herehy resions as Re	egistered Agent for (Name of Corporation)
noico, resigna da icc	(Name of Corporation)
F12000002089	
(Document Nu	mber, if known)
The agency is terming this statement is file	nated and the office discontinued on the 31st day after the date on which d.
_	Miù A Thome— (Signature of Resigning Agent)
If signing on behalf	
_	(Typed or Printed Name)
	(Typed of Triffed 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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