

F12 00000 4397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

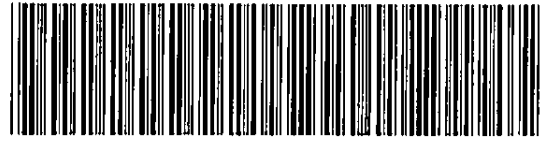
(Business Entity Name)

(Document Number)

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2023 MAY -1 PM 12:05  
STATE  
ALLAHASSEE, FL

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2023 MAY -1 PM 3:31  
STATE  
ALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 706695 8323810  
AUTHORIZATION : *Eylien Baker*  
COST LIMIT : \$ 87.50

-----  
ORDER DATE : April 27, 2023  
ORDER TIME : 2:51 PM  
ORDER NO. : 706695-045  
CUSTOMER NO: 8323810  
-----

RESIGNATION OF AGENT

NAME: IMI MATERIAL HANDLING  
LOGISTICS INC.

XX RA RESIGNATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker-EXT#

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2023

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: IMI MATERIAL HANDLING LOGISTICS INC.  
Ref. Number: F12000004397

We have received your document for IMI MATERIAL HANDLING LOGISTICS INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The cost is \$87.50 for a Corporation Resignation of Agent.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 223A00009805



2023 MAY 03 PM 4:12

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**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY

(Name of Registered Agent)

hereby resigns as Registered Agent for IMI Material Handling Logistics Inc.

(Name of Corporation)

F12000004397

(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.

*Eyliena Baker*  
Assistant Vice President

(Signature of Resigning Agent)

If signing on behalf of an entity:

BY EYLIENA BAKER

(Typed or Printed Name)

VICE PRESIDENT

(Capacity)

2003-1-1 PM 12:05  
DEPT OF STATE  
TALLHASSEE, FL  
FILED

**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**