

1-13000000169

(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



100434321511

08/07/24--01019--009 **87.50

Fit 1: 22

ESIC7/24

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT:(Name of Corporation)		
DOCUMENT NUMBER: F13000000469	 	
The enclosed Resignation of Registered Agent for a Corporation and fee	are submitted for filin	ıg.
Please return all correspondence concerning this matter to the following:	:	
Nat Cherry		
(Name of Person)		
n/a		
(Name of Firm/Company)	i i i i i i i i i i i i i i i i i i i	
3018 West Chapin Ave		
(Address)	187	
Tamps.FL 33611	A PH 1:22 RY CESTATE RYSS T. FL	
(City/State and Zip Code)	F. 22	
For further information concerning this matter, please call:	1.1	
Nat Cherry 813 629-0080 at ()		
(Name of Person) (Area Code & Daytime T	elephone 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Nat C	Cherry
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Bluett & Associates
nervoly realigns as regional at 1 gent to	(Name of Corporation)
F13000000469	
(Document Number, if known)	
A copy of this resignation was mailed t	to the above listed corporation at its last known address
this statement is filed.	discontinued on the 31st day after the date on which
, (S	ignature 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation