1400000 1472

(Re	questor's Name)	
MA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500387172735

05/11/23--01015--010 **250.6t

10

COVER LETTER

Division of Corporations	
SUBJECT:	
(Name of Co	rporation)
DOCUMENT NUMBER: F14000001472	
The enclosed Resignation of Registered Agent for a Co	orporation and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Melissa Gross-Arnold, Esq., B.C.S.	
(Name of Person)	
Arnold Law Firm	
(Name of Firm/Company)	
3840 Crown Point Road, Suite B	
(Address)	
Jacksonville, Florida 32257	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Melissa Gross-Arnold, Esq., B.C.S. 904 at (731-3800
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned.	Melissa Gross-Arnold, Esq., B.C.S.
Troma Statutes, the undersigned.	(Name of Registered Agent)
han harmanian and Davistomed August	AEALAS, Inc.
hereby resigns as Registered Agent	(Name of Corporation)
F14000001472	
(Document Number, if known)	
	led to the above listed corporation at its last known address office discontinued on the 31st day after the date on which
this statement is med.	
	29.99 29.99
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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