

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES, LTD.
 Account Number : 120050000052
 Phone : (850)656-7956
 Fax Number : (850)656-7953

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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 MAY 16 2023

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REGISTERED AGENT RESIGNATION
QUALITY PROTECTION SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2023 MAY 16 PM 2:53

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Corporate Filing Menu

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(H23 0001476573)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: QUALITY PROTECTION SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: F14000005037

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:

Westley Look

(Name of Person)

Incorporating Services, Ltd.

(Name of Firm/Company)

3500 S DuPont Highway

(Address)

Dover, DE 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

Westley Look

(Name of Person)

302 531-0703

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2023 MAY 16 AM 9:40
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

(H230001476573)

**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, Incorporating Services, Ltd.

(Name of Registered Agent)

hereby resigns as Registered Agent for QUALITY PROTECTION SERVICES, INC.
(Name of Corporation)

F14000005037

(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.

Amanda Archambault
(Signature of Resigning Agent)

2023 MAY 16 AM 9:40
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

FILED

If signing on behalf of an entity:

Amanda Archambault

(Typed or Printed Name)

Assistant Secretary

(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