

F15000001659

(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:

J. HORNE
JUL 27 2023

Office Use Only



700409217057

100-104-0000

SECRET
TALLAHASSEE



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HILTON ELECTRICAL AUTOMATION & TESTING SERVICES, INC.

(Name of Corporation)

DOCUMENT NUMBER: F15000001659C

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:

(Name of Person)

C & S ACCOUNTING SERVICES, INC

(Name of Firm/Company)

1108 ALCAZAR CT

(Address)

CONWAY, SC 29527

(City/State and Zip Code)

For further information concerning this matter, please call:

CARMEN HEANEY

407

847-0085

at (

)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

607.0503
607.0502
TALLAHASSEE

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, C & S ACCOUNTING SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for HILTON ELECTRICAL AUTOMATION & TESTING SERVICE

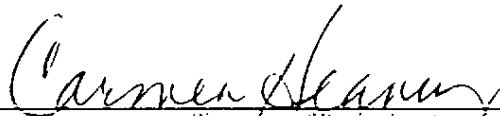
(Name of Corporation)

F15000001659

(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.



(Signature of Resigning Agent)

If signing on behalf of an entity:

CARMEN HEANEY

(Typed or Printed Name)

VICE PRESIDENT

(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