

(Re	equestor's Name)	
. (A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT N	<b>/</b> AIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



400293494594

12/22/16--01021--005 \*\*85.00

01/24/17--01004--009 \*\*2.50



Mares JAN 25 2017 R. WHITE



## **COVER LETTER**

SUBJECT: 1071820 ONTARIO, INC. (Name of Corporation)	
OCUMENT NUMBER: F1500000210	28
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
SHERRIE HALLOCK, Office Coordinator	
(Name of Person)	
c/o GUNSTER	
(Name of Firm/Company)	
280 W. Canton Ave., Suite 330	
(Address)	
Winter Park, FL 32789	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Sherrie Hallock at ( 407	) 647-7645
(Name of Person) (Area Code	) 647-7645 & Daytime Telephone Number)

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



December 27, 2016

SHERRIE HALLOCK 280 W. CANTON AVE STE 330 WINTER PARK, FL 32789

SUBJECT: 1071820 ONTARIO INC.

Ref. Number: F15000002108

We have received your document for 1071820 ONTARIO INC. and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file a resignation of registered agent for an active corporation is \$87.50 and therefore an additional fee of \$2.50 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 816A00027446

## 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, POHL & SHORT, P.A.  (Name of Registered Agent)	
hereby resigns as Registered Agent for 1071820 ONTARIO, INC.  (Name of Corporation)	
F 15000002108 (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.  POHL SHORT, P.A.  (Signature of Resigning Agent)  FRANK L. POHZ, VICE PRES  If signing on behalf of an entity:	
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