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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

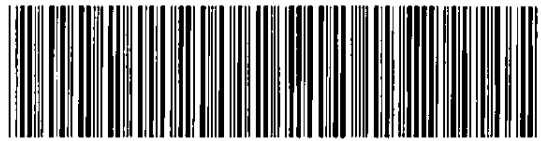
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FILED  
2024 MAR -5 PM 2:33  
SECRETARY OF STATE  
CLERK OF COURT



**CAPITOL  
SERVICES**

**Resignation of Registered Agent and  
Office**

**Capitol Corporate Services, Inc.**  
PO Box 1831  
Austin, TX 78767  
Phone: (800) 345-4647 Fax: (800) 432-3622  
regagent@capitolservices.com

**Secretary of State**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**

**DATE:** 2/27/2024  
**STATE:** FLORIDA  
**REP UNIT:** **WINSTON-SALEM INDUSTRIES  
FOR THE BLIND, INC.**

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Enclosed for filing please find a Resignation of Registered Agent and Office for the above referenced name, which is to be filed in your office. Enclosed is check # 33964 in the amount of \$87.50 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.  
PO Box 1831  
Austin, TX 78767

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Capitol Corporate Services, Inc.  
Registered Agent Services



24-230434F

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
2024 MAR -5 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Capitol Corporate Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for

WINSTON-SALEM INDUSTRIES FOR THE BLIND, INC.

(Name of Corporation)

F16000003701

(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:

Yvette Cleveland

(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