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## 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

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

: (800)221-2972

Fax Number

: (888)692-9256

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

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### REGISTERED AGENT RESIGNATION CHESTER DIX WAUCHULA CORP.

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#### COVER LETTER

TO:

Amendment Section Division of Corporations

## HESTER DIX WAUCHULA CORP.

(Name of Corporation)

DOCUMENT NUMBER: F17000003918

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:

#### TRACEE COTTON

(Name of Person)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

(Name of Firm/Company)

### 16 COURT ST 14TH FLOOR

(Address)

## BROOKLYN, NY 11241

(City/State and Zip Code)

For further information concerning this matter, please call:

TRACEE COTTON

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

24-Jan-2019 11:46

#### RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ر من من من من من ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	707
Florida Statutes, the undersigned,	BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.	ا ميک
•	(Name of Registered Agent)	27
hereby resigns as Registered Agen	t for CHESTER DIX WAUCHULA CORP.	(مَنَةُ )
, , , ,	(Name of Corporation)	

#### F17000003918

(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.

If signing on behalf of an entity:

ZEINA HASSOUN

(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