Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Cor	porations	30	2019	
		: (850)617-6380	(HAR	41
From:			jo- 14	~	11
	Account Name	: INCORPORATING SERVICES FL	77%	ţ	1.°
	Account Number	: 120050000052	(7) ° (7) °	-	2
	Phone	: (850)656-7956	តម្នា	Ĩ	ğ
	Fax Number	: (850)656-7953	$\Gamma^{r_1}O$.	9	(
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

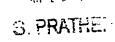
REGISTERED AGENT RESIGNATION ROSATO ASSOCIATES, INC.

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COVER LETTER

10:	Amendment Section Division of Corporations			
SUBJ	TECT: ROSATO AS			
DOC	UMENT NUMBER: F17000	(Name of Corporat 0004967	ion)	
The e	nclosed Resignation of Registe	red Agent for a Corpor	ation and fee are submitted for	filing.
Please	e return all correspondence con	cerning this matter to t	he following:	
	(Name of Perso	m)	_	,
INC	ORPORATING SERVI	CES, LTD.		
	(Name of Firm/Con	npany)	_	
350	00 S DUPONT HWY			
	(Address)		_	
DO	VER, DE 19901			
	(City/State and Zip	Code)	-	
For fi	urther information concerning t	his matter, please call:		
		8 0 0	346-4646	
	(Name of Person)	(Area Cod	e & Daytime Telephone Number)	
Enclo or \$3:	osed is a check made payable to 5.00 for an administratively dis	the Florida Departmentsolved, voluntarily disc	nt of State for \$87.50 for an acti solved or withdrawn corporation	ve corporation n.
Amer Divis Clifto 2661	et Address:	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314		

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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 ROSATO ASSOCIATES, INC.	
(Name of Corporation)	
F17000004967	
(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:	
AMANDA ARCHAMBAULT	
ASSISTANT SECRETARY (Correction)	5475
ASSISTANT SECRETARY	oems aems
(Capacity)	i Gerre
Fee for filing this document:	
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