

To:

Page: 1 of 2

2024-01-12 12:04:11 PST

17135830905

From: Anuj Mahajan

1/12/24, 1:18 AM

1800000072

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H24000017843 3)))



H240000178433ABC\$

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

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

Email Address: cls-agentresignations@wolterskluwer.com

FILED  
2024 JAN 12 AM 11:42

RECEIVED  
2024 JAN 12 PM 3:15  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT RESIGNATION  
UNITED FURNITURE INDUSTRIES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$87.50

A. RAMSEY

JAN 16 2024

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

# RESIGNATION OF REGISTERED AGENT 2024 JAN 12 AM 11:42 FOR A CORPORATION

STATE OF FLORIDA  
DEPARTMENT OF STATE

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

Florida Statutes, the undersigned, C T CORPORATION SYSTEM

(Name of Registered Agent)

hereby resigns as Registered Agent for UNITED FURNITURE INDUSTRIES, INC.

(Name of Corporation)

F18000000072

(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.

Nancy Helm-Brown

(Signature of Resigning Agent)

If signing on behalf of an entity:

NANCY HELM-BROWN

(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withdrawn corporation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