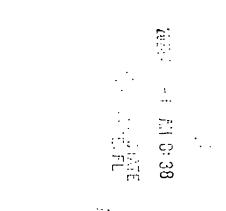
F18000001013

(Re	equestor's Name)		
(Ad	idress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	e)	
(Document Number)			
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08/01/24

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: SUREBONDER.COM, INC.	
(Name of Corporation	1)
DOCUMENT NUMBER: F18000001013	
The enclosed Resignation of Registered Agent for a Corporati	on and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Nicole Williams	
(Name of Person)	
URS Agents, LLC	543.
(Name of Firm/Company)	' <u>;</u>
3675 Crestwood Parkway Suite 350	
(Address)	
Duluth, GA 30096	AH 8: 38
(City/State and Zip Code)	그를 잃
For further information concerning this matter, please call:	
<u> </u>	6674397
(Name of Person) (Area Code &	Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ions 607.0502(2), 617.0502(2), 607.150	9, or 617.1509,
Florida Statutes, the undersigned,	URS Agents, LLC	
C	(Name of Registered Ag	gent)
hereby resigns as Registered Ager	nt for SUREBONDER.COM, INC.	
	(Name of Corporatio	n)
F18000001013		
(Document Number, if known)		
A copy of this resignation was ma	ailed to the above listed corporation at i	ts last known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day afte	er the date on which
	(Signature of Resigning Agent)	
	(Signature of According Agent)	**
If signing on behalf of an entity:		
		· -
Edwardo Saldar	na e	ا ما المادية ا المستمدات المادية الم
	(Typed or Printed Name)	7/C ==
Manager		AH 8: 38
	(Capacity)	1.:

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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