

F180000002303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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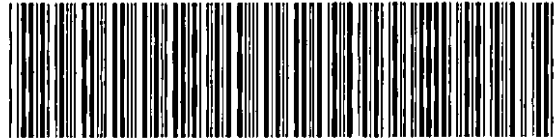
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Resignation
to RA

RECEIVED
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2023 FEB 10 PM 1:53
TALLAHASSEE, FLORIDA
2023 FEB 10 AM 9:15

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 02/10/23

NAME: DONISOCHA, INC.

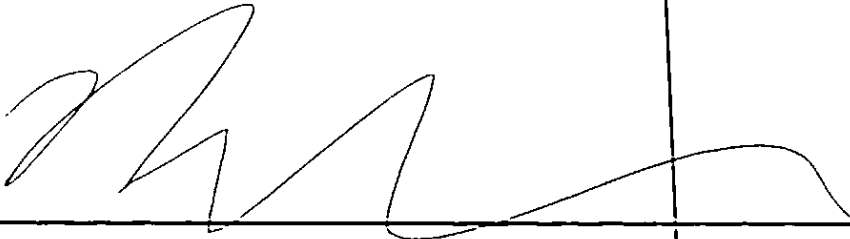
TYPE OF FILING: RESIGNATION OF REGISTERED AGENT

COST: 87.50

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DONISOCHA, INC.

(Name of Corporation)

DOCUMENT NUMBER: F18000002303

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:

LEISA PICHARD

(Name of Person)

FLORIDA FILING & SEARCH SERVICES, INC.

(Name of Firm/Company)

155 OFFICE PLAZA DRIVE

(Address)

TALLAHASSEE, FLORIDA, 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

LEISA PICHARD

850

216-0457

(Name of Person)

at (

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED

2023 FEB 10 AM 9:15

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, FLORIDA FILING & SEARCH SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for DONISOCHA, INC.

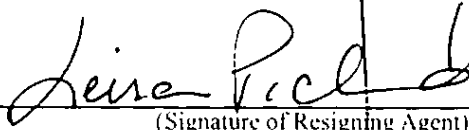
(Name of Corporation)

F18000002303

(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:

LEISA PICHARD

(Typed or Printed Name)

CHIEF OPERATING OFFICER

(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**