

(Requestor's Name)	. <u> </u>
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(Business Entity Name)	
(Document Number)	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195 REFERENCE : 916116 8323810 AUTHORIZATION : Multicense COST LIMIT : \$35.00 ORDER DATE : July 19, 2021 ORDER TIME : 2:55 PM

ORDER NO. : 916116-005

CUSTOMER NO: 8323810

REGISTERED AGENT RESIGNATION

NAME: NEIGHBORHOOD FUEL INC.

XX REGISTERED AGENT RESIGNATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned-EXT#

EXAMINER'S INITIALS: ____



COVER LETTER

TO: Amendment Section Division of Corporations

NEIGHBORHOOD FUEL INC.

(Name of Corporation)

DOCUMENT NUMBER: F18000002983

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:

RESIGNATION DEPARTMENT

(Name of Person)

CORPORATION SERVICE COMPANY

(Name of Firm/Company)

251 LITTLE FALLS DRIVE

(Address)

WILMINGTON, DE 19808

(City/State and Zip Code)

For further information concerning this matter, please call:

 RESIGNATION DEPARTMENT
 at (
 927-9801

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

<u>Mailing Address:</u> 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

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509. Florida Statutes, the undersigned, <u>CORPORATION SERVICE COMPANY</u>

(Name of Registered Agent)

hereby resigns as Registered Agent for _____

(Name of Corporation)

F1800002983

(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 Res

If signing on behalf of an entity:

BY EYLIENA BAKER
(Typed or Printed Name)

VICE PRESIDENT

(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