

F18000004806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

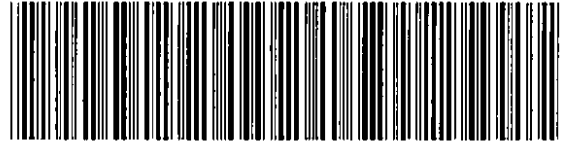
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/22/23--01016--004 **35.00

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URS
COMPLIANCE

August 16, 2023

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Please file the following:

- 1. Statutory Agent Resignation for the attached entities.**

**PLEASE RETURN A FILED COPY TO ME VIA EMAIL
RESIGNATIONS@URSCOMPLIANCE.COM OR VIA FAX 800-567-4398.**

Thank you for your assistance. If you have any questions or any delays in filing, please call me using our toll-free number 800-567-4397 or email me at resignations@urscompliance.com.

Respectfully,

URS AGENTS, LLC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B. Raines & Associates Inc.
(Name of Corporation)

DOCUMENT NUMBER: F18000004806

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:

Nicole Williams
(Name of Person)

URS Agents, LLC
(Name of Firm/Company)

3675 Crestwood Parkway Suite 350
(Address)

Duluth, GA 30096
(City/State and Zip Code)

For further information concerning this matter, please call:

URS Agents, LLC at (800) 5674397
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, URS Agents, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for B. Raines & Associates Inc.

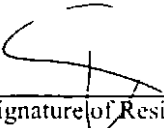
(Name of Corporation)

F18000004806

(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:

Edwardo Saldana

(Typed or Printed Name)

Manager

(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**

10:01 AM 10/10/01