# F19000003620

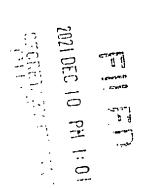
(Requestor's Name)	-		
(Address)	_		
(Address)	_		
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Q. SILAS			

Office Use Only



900377647109

12/10/21--01017--013 \*\*35.00



# **COVER LETTER**

	Division of Corporations	
SUBJE	ECT: PASCO FOODS, INC.	
	(Name of Corporat	tion)
DOCL	MENT NUMBER: F1900003620	
The en	closed Resignation of Registered Agent for a Corpor	ration and fee are submitted for filing.
Please	return all correspondence concerning this matter to t	he following:
ATTN	: Agent Resignation Team	
	(Name of Person)	_
Capite	ol Corporate Services, Inc.	
	(Name of Firm/Company)	_
РО В	ox 1831	
	(Address)	_
Austir	n, TX 78767	_
	(City/State and Zip Code)	_
For fu	rther information concerning this matter, please call:	
Agen	t Resignation Team at ( 800	345-4647 e & Daytime Telephone Number)

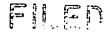
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

### 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 AGENTAL DEC TO PH 1: 01 FOR A CORPORATION SECRETARY OF STATE THAT IS NOT THE

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

Florida Statutes, the undersigned, Capitol Corporate Services, Inc.

(Name of Registered Agent)

PASCO FOODS, INC.

(Name of Corporation)

F19000003620

(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:

Yvette Cleveland
(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

CR2E046 (12/19)



Return Acknowledgement to: