

F1900000S486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

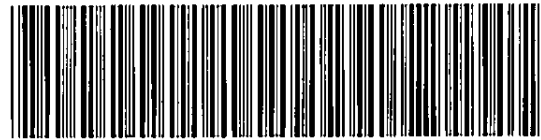
(Document Number)

Certified Copies _____ Certificates of Status _____

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02.03.25

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2025 FEB -3 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2025 FEB -3 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, YOUR CAPITAL CONNECTION INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for CUEVAS PRIDE INC.

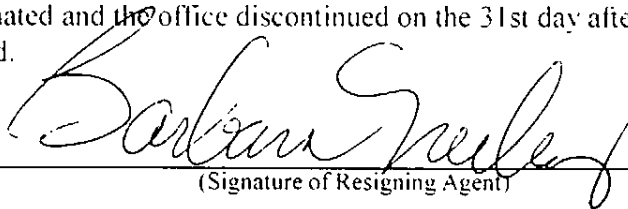
(Name of Corporation)

F19000005486

(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:

YOUR CAPITAL CONNECTION INC.

(Typed or Printed Name)

CLIENT REP.

(Capacity)

2025 FEB -3 AM 8:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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withdrawn corporation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