

F19000005495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

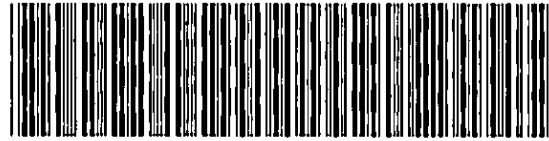
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 26 2021

CLERK OF STATE  
TALLAHASSEE, FL

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CHICO BOY INC

re

ed by: BN

2/25/21

Date

Time

Will Pick Up

ring - Thomville GA 8700

- \_\_\_ Art of Inc. File\_\_\_\_\_
- \_\_\_ LTD Partnership File\_\_\_\_\_
- \_\_\_ Foreign Corp. File\_\_\_\_\_
- \_\_\_ L.C. File\_\_\_\_\_
- \_\_\_ Fictitious Name File\_\_\_\_\_
- \_\_\_ Trade/Service Mark\_\_\_\_\_
- \_\_\_ Merger File\_\_\_\_\_
- \_\_\_ Art. of Amend. File\_\_\_\_\_
- ☒ RA Resignation\_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal\_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement\_\_\_\_\_
- \_\_\_ Cert. Copy\_\_\_\_\_
- \_\_\_ Photo Copy\_\_\_\_\_
- \_\_\_ Certificate of Good Standing\_\_\_\_\_
- \_\_\_ Certificate of Status\_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name\_\_\_\_\_
- \_\_\_ Corp Record Search\_\_\_\_\_
- \_\_\_ Officer Search\_\_\_\_\_
- \_\_\_ Fictitious Search\_\_\_\_\_
- \_\_\_ Fictitious Owner Search\_\_\_\_\_
- \_\_\_ Vehicle Search\_\_\_\_\_
- \_\_\_ Driving Record\_\_\_\_\_
- \_\_\_ UCC 1 or 3 File\_\_\_\_\_
- \_\_\_ UCC 11 Search\_\_\_\_\_
- \_\_\_ UCC 11 Retrieval\_\_\_\_\_
- \_\_\_ Courier\_\_\_\_\_

**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, YOUR CAPITAL CONNECTION, INC.  
(Name of Registered Agent)  
hereby resigns as Registered Agent for CHICO BOY INC.  
(Name of Corporation)  
F19000005495  
(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.

Barbara Neelley  
(Signature of Resigning Agent)

If signing on behalf of an entity:

YOUR CAPITAL CONNECTION, INC.  
(Typed or Printed Name)  
CLIENT REPRESENTATIVE  
(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

2021 FEB 25 AM 8:21  
STATE  
TALLAHASSEE, FL  
D