(((H24000226595 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996 : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## REGISTERED AGENT RESIGNATION SMYLEN, INC.

Certificate of Status	U
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu Corporate Filing Menu

Help



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	7.0502(2), 617.0502(2), 607.1509, or	
617.1509, Florida Statutes, the undersign	ned, NRAI SERVICES, INC.	
<del></del> -	(Name of Registered Agent)	
hereby resigns as Registered Agent for _	SMYLEN, INC.	
	(Name of Corporation)	
F22000001955		
(Document Number, if known)		
The agency is terminated and the office this statement is filed.  **Rail The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the day a	ate on which
(Sig	nature of Resigning Agent)	<del></del>
If signing on behalf of an entity:		2024 JUL -2
Nanc	Helm Brown	
(1)	'yped or Printed Name)	- 2
Assis	unt Secretary	
	(Capacity)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

## 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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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