

F23000001255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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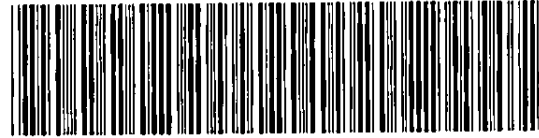
(Business Entity Name)

(Document Number)

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2024 JUL 17 PM 3:01

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Handwritten signature

CAPITAL CONNECTION, INC.

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

GUESS & CO. CORPORATION

MANAGEMENT GROUP, INC.

Signature _____

Requested by: BA

1/09/23

Name _____

Date _____

Time _____

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____ Certificate of Status _____
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Guess & Co. Corporation Management Group, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F23000001255

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:

CHRISTY MENDOZA

(Name of Person)

FILEJET INC.

(Name of Firm/Company)

10440 PIONEER BLVD STE 8

(Address)

SANTA FE SPRINGS, CA 90670

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTY MENDOZA

(Name of Person)

at (949) 259-5955
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 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, FILEJET INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for Guess & Co. Corporation Management Group, Inc.
(Name of Corporation)

F23000001255

(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:

ANGELA MATES

(Typed or Printed Name)

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