Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number: 075350000353

Phone

: (800)221-2972

Fax Number

: (888)692-9256

annual report mailings. Enter only one email address please.** (Email Address:

Enter the email address for this business entity to be used for future

REGISTERED AGENT RESIGNATION CHESTER DIX WAUCHULA CORP.

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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: CHESTER DIX WAUCHULA CORP. DOCUMENT NUMBER: F96000006357 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: TRACEE COTTON (Name of Person) BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. (Name of Firm/Company) 16 COURT ST 14TH FLOOR (Address) BROOKLYN, NY 11241 (City/State and Zip Code) For further information concerning this matter, please call: at (800) 221-2972 X1550 (Area Code & Daytime Telephone Number) TRACEE COTTON (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 **Mailing Address:** Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Fram:

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,	BLUMBERGEXCELSIOR CORPORATE SER	VICES, INC.
, , , , , , , , , , , , , , , , , , , ,	(Name of Registered Agent)	
hereby resigns as Registered Agei	_{nt for} CHESTER DIX WAUCHULA	A CORP.
(Name of Corporation)		
F96000006357		
(Document Number, if known)		
A copy of this resignation was ma	illed to the above listed corporation at its last know	own address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date	on which
Bun	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
		201
ZEINA HA	SSOUN	2019 JAH 1877 W.
	(Typed or Printed Name)	AH 2:
ASSISTAN	IT SECRETARY	P T
	(Capacity)	
		0

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