## F98000001090

(Re	questor's Name)	
———(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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16 JUN 20 PM 3: 25

SECRETARY OF STATE
ALL ANASSEE, FLOODING

Ra Resignation

JUN 2 3 2016

## **COVER LETTER**

Amendment Section **Division of Corporations** Cleanevent USA, Inc. (Name of Corporation) DOCUMENT NUMBER: F98000001090 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: Anthony M. Nardella, Jr., Esq. Nardella & Nardella, PLLC (Name of Firm/Company) 250 E. Colonial Drive, Suite 102 (Address) Orlando, FL 32801 (City/State and Zip Code) For further information concerning this matter, please call: Anthony M. Nardella, Jr. (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or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

## **RESIGNATION OF REGISTERED AGENT** FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15	i09,
Florida Statutes, the undersigned, Anthony M. Nardella, Jr.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for Cleanevent USA, Inc.	
(Name of Corporation)	
F9800001090	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	n address.
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	ı which
Man	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
(Typed of Finned Name)	
	ະຂຸ <b>ສ</b>
(Capacity)	JUN 20
	MA R
Fee for filing this document:	125 125 125 125 125 125 125 125 125 125
\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/	
withdrawn cornoration	

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

withdrawn corporation