620498

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Special Instructions to Filing Officer:		

Office Use Only



200330190742

05/05/19--01020--006 **\$0.00



JUN 13 2019 C Kinsev

COVER LETTER

FO: Amendment Section Division of Corporations
SUBJECT: The Haskell Company
(Name of Corporation) OCUMENT NUMBER: G20498
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:
Corinne P. McClure, Senior Paralegal
(Name of Person)
McGuireWoods LLP (Name of Firm/Company)
50 North Laura Street, Suite 3300
(Address)
Jacksonville, FL 32202
(City/State and Zip Code)
for further information concerning this matter, please call:
Corinne McClure (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
1

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

D	7) 617 0503(2) 607 1500 617 1500
Pursuant to the provisions of sections 607.05020	2), 617.0302(2), 607.1309, 6F 617.1309,
Florida Statutes, the undersigned, RAXCO	Al CD Co. 14 co
- , .	(Name of Registered Agent)
hereby resigns as Registered Agent for The H	laskell Company
	(Name of Corporation)
G20498	
(Document Number, if known)	
A copy of this resignation was mailed to the abor	ve listed corporation at its last known address.
The agency is terminated and the office disconting this statement is filed.	ued on the 31st day after the date on which
Lisa V. Ja (Signature of	Signing Agent)
If signing on behalf of an entity:	SECUL JANAS TALLAHAS
Lisa O. Taylor	
(Typed or P	,
President	
(Cap	acity) m 👊

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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