G46094

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

Office Use Only



300357903253

01/12/21--01015--021 **87.50

12 67 2:10

È.

R AVE TE FEB 1 9 2021

COVER LETTER

10:	Division of Corporations
SHRU	Marks Grove Inc.
30131	(Name of Corporation)
DOCU	JMENT NUMBER: G46094
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for fili
Please	return all correspondence concerning this matter to the following:
Annie l	Marks
	(Name of Person)
 -	(Name of Firm/Company)
5455 H	wy A1A South
	(Address)
St. Aug	justine, Fl. 32080
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Annie l	
	(Name of Person) at () (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 secti	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	Tracy L. Markham	
Trivina Statutes, the anderinghett,	(Name of Registered Agent)	
hereby resigns as Registered Agen	Marks Grove Inc.	
	(Name of Corporation)	
G46094		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its last known address.	
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the date on which (Signature of Resigning Agent)	
If signing on behalf of an entity:		
	(Typed or Printed Name)	
	(Capacity)	
Fee for	filing this document:	
	- Active Corporation	
\$35.00	- Administratively dissolved/voluntarily dissolved/	

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

withdrawn corporation