Henry Dyernan
Requester's Name

123 hold Bepor In

Address

Address

Activ/State/Zip / Phone #

Office Use Only

**Examiner's Initials** 

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	1000033255505   -07/18/0001059002   (Document #)   ******87,50   ******87,50
4	(Secondary) 1.70
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS STRY
Profit Not for Profit	Amendment Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
<ul><li>Domestication</li><li>Other</li></ul>	☐ Dissolution/Withdrawal ☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, 61 617.1509,
Florida Statutes, the undersigned, Clena A (Name of registered agent)
hereby resigns as Registered Agent for Ovarman Marketias Solvices Inc. (Name of corporation)
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:
(Typed or Printed Name)
(Capacity)

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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