L09000106997

(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:	
	İ
Imil	
Office Hen Only	



300419224253

11/20/23--01020--012 **35.00



COVER LETTER

FO: Amendment Section Division of Corporations		
SCOMA LAW FIRM, PLLC		
	(Name of Corp	oration)
DOCUMENT NUMBER: L0900010699	7 	<u> </u>
The enclosed Resignation of Registere	d Agent for a Cor	poration and fee are submitted for filing.
Please return all correspondence conce	erning this matter	to the following:
Kiara Hernandez		
(Name of Person)	<u>. </u>	
Kaba Consulting INC		
(Name of Firm/Comp	any)	
17011 State Road 50 Stc 303		
(Address)		·
Clermont, FL 34711		
(City/State and Zip C	ode)	
For further information concerning this	s matter, please ca	ii:
Kiara Hernandez	352	243-8460) Ode & Daytime Telephone Number)
(Name of Person)	(Area C	ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, KABA CONSULTING INC
(Name of Registered Agent)
hereby resigns as Registered Agent for SCOMA LAW FIRM, PLLC
(Name of Corporation)
L09000106997
(Document Number, if known)
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:
Kiara R. Hernandez Gonzales / Kaba Consulting Inc
CAA, Tax Manager 700 200 200 200 200 200 200 200 200 200
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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