# 132931

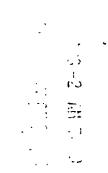
(	(Requestor's Name)		
	(Address)	<del></del>	
•	(Address)		
- (	(City/State/Zip/Phone #)		
PICK-UP	P WAIT	MAIL	
	(Business Entity Name)		
	(Document Number)		
Certified Copies	Certificates of S	Status	
Special Instructions to Filing Officer:			
L			





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8/23/21

### **COVER LETTER**

FO: Amendment Section Division of Corporations					
SUBJECT:	Roofin (Name	Ron	Inc.		<u> </u>
		_	tion)		
DOCUMENT NUMBER:	<u> </u>	31			
The enclosed Resignation of Rep	gistered Agent fo	ог а Согро	ration and f	ee are subm	itted for filing.
Please return all correspondence	concerning this	matter to	the followir	ıg:	
John	D. Hurle	V			
(Name of I	D. Hurle Person)	<del>′</del>	_		
Roofin R	Company)		_		
(Name of Firm	/Company)				
4913 35 <sup>4</sup>	1 St. E.				
(Addre	ss)		<del>_</del>		
Bradenton (City/State and	F1. 35 Zip Code)	1203	_		
For further information concerni	ng this matter, p	lease call:			
John D. H. (Name of Person)	orly at (	94/ (Area Coo	) <i>812</i> le & Daytime	-8118 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,	(Name of Registered Agent)
hereby resigns as Registered Agent for	Roofin Ron, Inc. (Name of Corporation)
L32931	
(Document Number, if known)	
A copy of this resignation was mailed to the	he above listed corporation at its last known address.
The agency is terminated and the office disthis statement is filed.	scontinued on the 31st day after the date on which
Lingna	ture of Resigning Agent
If signing on behalf of an entity:	
(Туқ	ped or Printed Name)
	(Capacity)

## 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