

L941 89

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

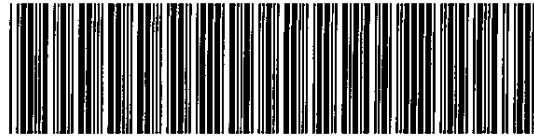
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200077510742

07/18/06--01034--019 **\$7.50

FILED
06 JUL 18 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Res.
sf

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Small Fry C1400-C1400, INC.
(Name of Corporation)

DOCUMENT NUMBER: L 94189

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:

KATHLEEN ISRAEL
(Name of Person)

(Name of Firm/Company)

21430 NE 20th Ave
(Address)

No Miami Beach, FL 33179
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHLEEN ISRAEL at (305) 466 - 1034
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

FILED
06 JUL 18 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA