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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name
Account Number: C T CORPORATION SYSTEM
From System 1: C T CORPORATION SYSTEM
From System 2: C T CORPORATION SYSTEM SY Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT RESIGNATION HALEY, SINAGRA, PAUL & TOLAND, P.A.

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MAY 2 3 2016

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Haley, Sinagra, Paul & Toland, P.A.
(Name of Corporation) DOCUMENT NUMBER: M16771
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:
Theresa Alfieri
(Name of Person)
C T CORPORATION SYSTEM
(Name of Firm/Company)
111 8th Avenue, 13th Floor
(Address)
New York, New York 10011
(City/State and Zip Code)
For further information concerning this matter, please call:
Theresa Alfieri at (212)894-8516 (Name of Person) (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	.1509,	
Florida Statutes, the undersigned, C T CORPORATION SYSTEM		
(Name of Registered Agent)		
hereby resigns as Registered Agent for Haley, Sinagra, Paul & Tola	nd, P	.A.
(Name of Corporation)		
M16771		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known	own addi	ress.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on whic	ch
sharf-		
(Algnature of Resigning Agent)		
If signing on behalf of an entity:		
CT CORPORATION SYSTEM-Theresa Alfieri		
(Typed or Printed Name)		
	ه در چور سرم	ळ
ASSISTANT SECRETARY	<u>-</u> 3-	5 MAY 20 PM 4: 43
(Capacity)	· 10	20
•	: 11년 교수: 1447 : 1447	70
		<u> </u>
Fee for filing this document:	吴轩	. -
\$87.50 - Active Corporation	更严	ည်
\$35.00 - Administratively dissolved/voluntarily dissolved	ed/	

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

withdrawn corporation