M61692

(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:
518/9/23

Office Use Only



500413512685

08/09/23--01020--010 **35.00

2023 AUG -9 PM 4: 44

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUB.	NITRAM INVESTMENTS, INC JECT:	
	(Name of Corporati	on)
DOC	CUMENT NUMBER: M61692	
The e	enclosed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing.
Pleas	se return all correspondence concerning this matter to th	e following:
VIVIA	AN WILLIAMS	
	(Name of Person)	
FLOR	RIDA ANNUAL REPORT SERVICES, INC.	
	(Name of Firm/Company)	
2300	CORAL WAY, SUITE 200	
	(Address)	
MIAN	MI, FLORIDA 33145	
	(City/State and Zip Code)	
For fi	urther information concerning this matter, please call:	
VIVI	AN WILLIAMS 305 at (856-0056
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 AGENTA FOR A CORPORATION

Pursuant to the pi	rovisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.	1509,	
Florida Statutes,	he undersioned FLORIDA ANNUAL REPORT SERVICES, INC.		
	(Name of Registered Agent)		
harahy racione ac	Registered Agent forNITRAM INVESTMENTS, INC.		
nereby resigns as	(Name of Corporation)		
M61692			
(Document	Number, if known)		
	minated and the office discontinued on the 31st day after the date iled. (Signature of Resigning Agent)		
If signing on beha	alf of an entity:	9 -9	FILE
	VIVIAN WILLIAMS (Typed or Printed Name)	54 84 75 19 19 19 19 19 19 19 19 19 19 19 19 19	0.5
	PRESIDENT		
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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