# M89580

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
mil	>	

Office Use Only



300418352053

11/08/23--01023--010 \*\*35.00

2023 HOV -8 PH 12: 35

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: TeD Air Conditioning, Inc. (Name of Corporation)
DOCUMENT NUMBER: M89580
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:
Dean Diciaula (Name of Person)
(Name of Firm/Company)
4719 Ganfield Street (Address)
Hollywood, FL 33021 (City/State and Zip Code)
For further information concerning this matter, please call:
Dean Diciaula at (954) 290-9582 (Name of Person) at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617	7.150 <del>9</del> ,	
Florida Statutes, the undersigned, Dean Olcialla (Name of Registered Agent)	<del> </del>	-
hereby resigns as Registered Agent for TED Air Conditioniv	19, IV	<u>،</u> د
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known	own address	š.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.		
elen elul	2023 HOV	
(Signature of Resigning Agent)	. 1	(-632)  -
If signing on behalf of an entity:	3 PH12: 35	 (***** 
(Typed or Printed Name)	ယ္	
(-)/		
WA		
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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