## P19000010222

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	BALOVE CONSULTING SERVICES, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: P19000010222
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Uni	ted States Corporation Agents, Inc.
	(Name of Person)
Leg	galzoom.com, Inc.
	(Name of Firm/Company)
990	00 Spectrum Dr.
	(Address)
Aus	stin, TX 78717
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
	(Name of Person) at (800 ) 773-0888 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
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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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, United States Corporation Agents, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for BALOVE CONSULTING SERVICES, Inc.
(Name of Corporation)
P19000010222
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
(Signature of Resigning Agent)
If signing on behalf of an entity:
Cheyenne Moseley
(Typed or Printed Name)
Asst. Secretary for United States Corporation Agents, Inc.
(Capacity)
vā

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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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