## N10000007635

| (Red                      | questor's Name)   |           |
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| (City                     | //State/Zip/Phone | e #)      |
| PICK-UP                   | ☐ WAIT            | MAIL      |
| (Bus                      | siness Entity Nan | ne)       |
| (Doc                      | cument Number)    |           |
| Certified Copies          | Certificates      | of Status |
| Special Instructions to F | iling Officer:    |           |
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Office Use Only



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RA resignation



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## **COVER LETTER**

TO: Amenda

Amendment Section Division of Corporations

SUBJECT: A Better Life Rescue

(Name of Corporation)

DOCUMENT NUMBER: N10000007635

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:

Ricardo Porras

(Name of Person)

Ricardo Porras, C.P.A., P.A.

(Name of Firm/Company)

13392 SW 34 Street

(Address)

Miami, FI 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Ricardo Porras

,,305 \345

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 FILED 2813 DEC 23 AM 8: 29 FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1 Florida Statutes, the undersigned, Ricardo Porras (Name of Registered Agent) hereby resigns as Registered Agent for A Better Life Rescue N10000007635 (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.

If signing on behalf of an entity:

President

## 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