

N 12 000 001 790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

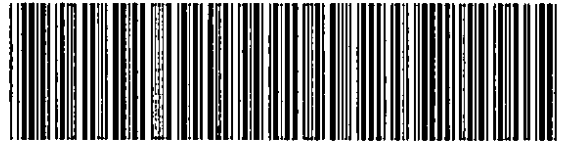
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



800395883578

Resignation to  
RA

10/18/22--01016--003 \*\*87.50

2022 OCT 18 PM 12 25

FILED

A. RAMSEY  
JAN 17 2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDIAN ARMS, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** N12000001790

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:

Henry Gamboa

(Name of Person)

Floridian Legal

(Name of Firm/Company)

3910 West Flagler Street - Suite # 100

(Address)

Miami, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Henry Gamboa

(Name of Person)

at ( 305 ) 443-2525

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

2020 OCT 18 PM 12 25

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, CARLOS A. GIL, PA

(Name of Registered Agent)

hereby resigns as Registered Agent for FLORIDIAN ARMS, INC.

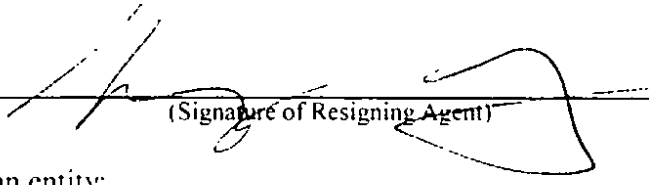
(Name of Corporation)

N12000001790

(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:

Henry Gamboa, Esq.

(Typed or Printed Name)

Authorized Agent

(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**