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COVER LETTER

TO: Amendment Section Division of Corporations	
FLORIDIAN ARMS INC. SUBJECT:(Name of Corporat	ion)
DOCUMENT NUMBER: N12000001790	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Robert E. Paige, Esq.	
(Name of Person)	-
Paige Law Group P.A.	
(Name of Firm/Company)	-
9500 South Dadeland Boulevard #550	
(Address)	-
Miami, FL 33156	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Alba Martinez 305 at (670-0020
	& 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	DODUNT C BALCE FOO
remain Dianates, the underengines,	(Name of Registered Agent)
hereby resigns as Registered Agent	FLORIDIAN ARMS INC.
	(Name of Corporation)
N12000001790	
(Document Number, if known)	
A copy of this resignation was mai	led to the above listed corporation at its last known address.
The agency is terminated and the o	office discontinued on the 31st day after the date on which
	rigualite of Resigning Agent)
If signing on behalf of an entity:	
·	(Typed or Printed Name)
	**
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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