N14 000003560

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
	ty/State/Zip/Phone #	49
(Cil	ly/State/Zip/Filone #	†)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Name)
·	·	
	cument Number)	
(122	cament Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
Opecial instructions to	Timing Officer.	
		<u></u>

Office Use Only



900353701149

10/19/20--01009--001 **87.50



NOV 23 2020 I ALBRITTON

COVER LETTER

	(Name of Person)	(Area C	Code & Daytime Telephone Number)
Stepha	nie Hochberger	954 at (372-6079 Code & Daytime Telephone Number)
For fu	rther information concerning this m	atter, please ca	all:
	(City/State and Zip Code)	
Lighth	ouse Point, FL 33064		
	(Address)		
4400 N	Federal Hwy Suite 5		
	(Name of Firm/Company	·)	
Hochb	erger Law		
	(Name of Person)		
Stepha	nie Hochberger		
Please	return all correspondence concerni	ng this matter	to the following:
The er	nclosed Resignation of Registered A	agent for a Cor	poration and fee are submitted for filing
DOCU	JMENT NUMBER: N14000003560	<u>-</u>	
		(Name of Corp	
SUBJ	Trained and Maintained Service Dog	gs ———————	
10;	Division of Corporations		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,	Rachel Horwitz	
	(Name of Registered Agent)	
hereby resigns as Registered Agen	t for Trained and Maintained Service Dogs (Name of Corporation)	
norsely resigned as respected right.	(Name of Corporation)	
N14000003560		
(Document Number, if known)		
Λ copy of this resignation was mai	iled to the above listed corporation at its last known addre	:55
The agency is terminated and the of this statement is filed. If signing on behalf of an entity:	Signature of Resigning Agent)	
<i>y</i>		
	(Typed or Printed Name)	
	(Capacity)	
	باب 1 :	
· · · · · · · · · · · · · · · · · · ·	filing this document:	Э
\$87.50	- Active Corporation	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/