## PIL DOOD 3133

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	_	

Office Use Only



200319150912

10/04/18--01011--019 \*\*87.50

TILLED
2018 OCT -4 AM 4: 0
SECRETARY OF STATI

1/01185

R WHITE OCT 17 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Indigenous Celebration Inc.
(Name of Corporation)

DOCUMENT NUMBER: NISO0003732

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:

(Name of Firm/Company)

W Edguster Drue, Apt 10F

MAMI, TL 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (305) 462 1614

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607	.0502(2), 617.0502(2	2), 607.1509, or 61	17.1509,	
Florida Statutes, the undersigned.		Registered Agent)	ART	
hereby resigns as Registered Agent for	Ind ten	ous Celek of Corporation)	retur ]	- nc
(Document Number, if known)	-			
A copy of this resignation was mailed to t	he above listed corpo	oration at its last k	nown address.	
The agency is terminated and the office dithis statement is filed.	store of Kesigning Agent		nte on which	
If signing on behalf of an entity:				
(T <sub>2</sub>	ped or Printed Name)	<u> </u>	2018 OCT -4 SECRETARY TALLAHAS	الگ
·	(Capacity)	, , , , , , , , , , , , , , , , , , ,	-4 AM	
			E FE	D

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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