

N15 CCCCCC5641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

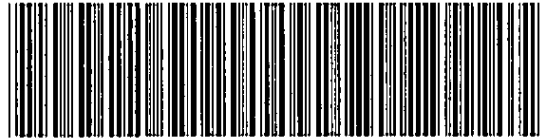
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2022 JAN 20 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FL 32311

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: END RESULTS CHARITIES INC

(Name of Corporation)

DOCUMENT NUMBER: N15000005641

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:

CHRISTINA L HANSEN

(Name of Person)

ACCOUNTING & TAX EDGE LLC

(Name of Firm/Company)

864 1ST STREET S

(Address)

WINTER HAVEN, FL 33880

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINA L HANSEN

(Name of Person)

at (863) 875-7853

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2022 JAN 20 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FL 32314

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, ACCOUNTING & TAX EDGE LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for END RESULTS CHARITIES INC

(Name of Corporation)

N15000005641

(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:

CHRISTINA L. HANSEN

(Typed or Printed Name)

MANAGING MEMBER

(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withdrawn corporation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