NI 5	276
(Requestor's Name) (Address) (Address)	600317723406 [/]
(City/State/Zip/Phone #)	09/04/1801014019 ★+35.00
(Document Number) Certified Copies Certificates of Status	S TALLENT SEP 2 1 2010
Special Instructions to Filing Officer:	RIA. Ray



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2018

DIEGO FELICIANO SOUTH FLORIDA TAXICAB 5507 FILLMORE ST HOLLYWOOD, FL 33021

SUBJECT: SOUTH FLORIDA TAXICAB ASSOCIATION, INC. Ref. Number: N15276

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 418A00018550

Lec a121/2018

COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: South Florida Taxicab Association

(Name of Corporation)

DOCUMENT NUMBER: 543463012295543463102 (120413)

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:

Diego Feliciano

(Name of Person)

South Florida Taxicab

(Name of Firm/Company)

5507 Fillmore st

(Address)

Hollywood, Fl. 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

No <u>further info available</u> at (______) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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), 607.1509, or 617.1509. Florida Statutes, the undersigned, Diego Feliciano

(Name of Registered Agent) hereby resigns as Registered Agent for South Florida Taxicab Association; Inc.

(Name of Corporation)

20143S. only one known NIS276

(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:

Diego Feliciano

(Typed or Printed Name)

President

(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