# N16000003006

(Requ	estor's Name)	<del></del>
(Addre	ess)	
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#### **COVER LETTER**

(Name of	`Corporatio	on)
(EIN 81-15	571509)	
Agent for a	a Corpora	tion and fee are submitted for filing.
ning this ma	atter to th	e following:
ny)		
de)	<del>.</del>	
matter, plea	ase call:	
at (	,	293-2516
u. (A	Area Code	& Daytime Telephone Number)
	Agent for aning this many)  New York (EIN 81-13)  Agent for aning this many	ning this matter to the ning t

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sect	ions 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	KYLE KIRBY
	(Name of Registered Agent)
hereby resigns as Registered Age	nt for CHANCE 2 DANCE, INC
nereby resigns as registered Age	(Name of Corporation)
N16000003006 (EIN 81-1571509)	
(Document Number, if known)	<del></del>
A copy of this resignation was m	ailed to the above listed corporation at its last known addres
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which
4.	(Signature of Resigning Agent)
If signing on behalf of an entity:	
NICOLE WARRE	(Typed or Printed Name)
	(Typed or Printed Name)
FOUNDER/ EXE	CUTIVE DIRECTOR
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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