

N17000000 4763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

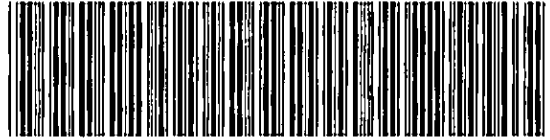
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700381070857

Resignation of
RA

02/10/22--01017--023 **35.00

FILED
2022 FEB 10 AM 9:44
CLERK OF STATE
MASSACHUSETTS

A. RAMSEY
FEB 18 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HURRICANE BATTALION ASSOCIATION, INC.

(Name of Corporation)

DOCUMENT NUMBER: N17000004763

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:

ADAM H SUDBURY ESQUIRE

(Name of Person)

APELLIE LEGAL

(Name of Firm/Company)

PO BOX 1871

(Address)

ORLANDO, FL 32802-1871

(City/State and Zip Code)

For further information concerning this matter, please call:

ADAM H SUDBURY

(Name of Person)

at (407) 395-4111

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2022 FEB 10 AM 9:44

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, INCORP SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for HURRICANE BATTALION ASSOCIATION, INC.

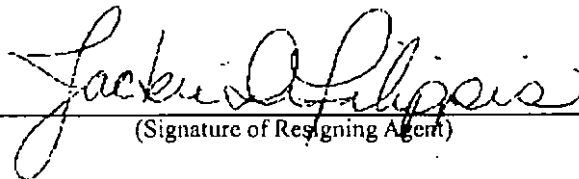
(Name of Corporation)

N17000004763

(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:

Jackie DeFilippis

(Typed or Printed Name)

Authorized Representative on behalf of InCorp Services, Inc.

(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