

N20000003435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

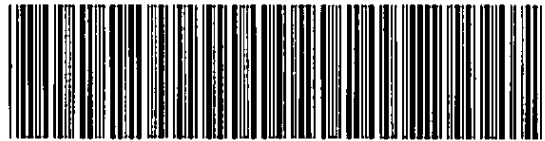
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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900388561509

Resignation of
RA

06/15/22--01006--004 **35.00

FILED
2022 JUN 15 AM 11:48

A. RAMSEY
SEP - 7 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA REGULATORS CORP.
(Name of Corporation)

DOCUMENT NUMBER: N20000003435

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:

United States Corporation Agents, Inc.
(Name of Person)

Legalzoom.com, Inc.
(Name of Firm/Company)

9900 Spectrum Dr.
(Address)

Austin, TX 78717
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (800) 773-0888
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2022 JUN 15 AM 11:48

STATE OF FLORIDA
DIVISION OF CORPORATIONS

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, United States Corporation Agents, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for SOUTH FLORIDA REGULATORS CORP.

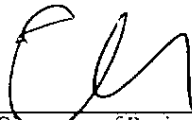
(Name of Corporation)

N20000003435

(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:

Cheyenne Moseley

(Typed or Printed Name)

Asst. Secretary for United States Corporation Agents, 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