N2000003975

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	. <u> </u>	





400387041814

05/04/22--01027--019 **437.50

ZOZZ MAY -4 PM 12: 36
SECRETARY OF STATE

A. BUTLER JUN 27 2022

COVER LETTER

		Code & Daytime Telephone Number)
Ivy Col	ton 561 at (750-2445
For fu	rther information concerning this matter, please ca	all:
	(City/State and Zip Code)	
Boca R	aton, FL 33432	
	(Address)	
1699 S.	Federal Highway	
	(Name of Firm/Company)	
Graner	Platzek & Allison, P.A.	
	(Name of Person)	
Thomas	s U. Graner	
Please	return all correspondence concerning this matter	to the following:
The en	closed Resignation of Registered Agent for a Cor	poration and fee are submitted for filing
DOCU	JMENT NUMBER: N20000003975	
	(Name of Corp	oration)
SUBJE	Lavish Hero Fund Inc.	
TO:	Amendment Section Division of Corporations	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 2022 HAY -4 PM 12: 36

	SECRETARY OF STAT TALLAHASSEE, FL ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509, FL
Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509, EE, FE
Florida Statutes, the undersigned,	Thomas Graner
	(Name of Registered Agent)
hereby resigns as Registered Agent	t for Lavish Hero Fund Inc. (Name of Corporation)
N20000003975	(Name of Corporation)
(Document Number, if known)	
A copy of this resignation was mai	led to the above listed corporation at its last known address.
The agency is terminated and the other this statement is filed.	office discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
	(Typed or Printed Name)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)