

N20000000 4641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

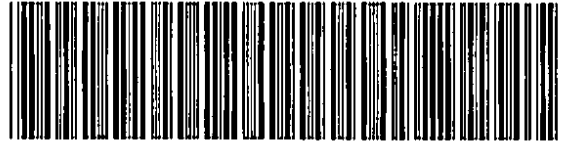
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200350365552

RECEIVED

AUG 24 2020

08/25/20--01015--008 **87.50

FILED
2020 AUG 24 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FL

JQ 10/07/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAVENS OF NOCATEE, INCORPORATED
(Name of Corporation)

DOCUMENT NUMBER: N20000004641

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:

~~Suzanne Rhodes~~ Stephanie Hoke, Secretary Suzanne Rhodes
(Name of Person)

MAVENS OF NOCATEE, INCORPORATED
(Name of Firm/Company)

130 Corridor Rd. #961

(Address)

Ponte Vedra, 32004

(City/State and Zip Code)

93 Wood Pond Loop

Ponte Vedra, FL 32081

For further information concerning this matter, please call:

Stephanie Hoke, Secretary, Mavens of Nocatee at 703 402 2897
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, SUZANNE RHODES

(Name of Registered Agent)

hereby resigns as Registered Agent for MAVENS OF NOCATEE, INCORPORATED

(Name of Corporation)

N20000004641

(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:

(Typed or Printed Name)

(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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 AUG 24 PM 1:55

FILED