N30000009035

(Requestor	's Name)	
(Address)		
(Address)		
(City/State/	Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business I	Entity Name)	
(Document	Number)	
Certified Copies C	ertificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



900368010919

0f (14/21--01019 -016 - **37,50

2021 JUN 14 PH 1: 17
SECRETARY DESTAIR

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	FCT:	FOHAVE, INC
		Name of Corporation)
DOC	UMENT NUMBER: N20000009035	
The e	nclosed Resignation of Registered Ag	gent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concernin	g this matter to the following:
Mr. W	ody Tutisme	
	(Name of Person)	
FOHA	VE,INC	
	(Name of Firm/Company)	.,
7633 1	ELEFORD CT	
	(Address)	
ORLA	NDO , FL 32818	
-	(City/State and Zip Code)	
For fu	orther information concerning this ma	tter, please call:
Mr. W	ody Tutisme	at () Area Code & Daytime Telephone Number)
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607,050	3(2), 617,0502(2), 607,1509, or 617,1509.
Florida Statutes, the undersigned.	(Name of Registered Agent)
hereby resigns as Registered Agent for	FOHAVE, INC
	(Name of Corporation)
N20000009035	
(Document Number, if known)	
A copy of this resignation was mailed to the a	hove listed corporation at its last known address.
The agency is terminated and the office discorthis statement is filed.	ntinued on the 31st day after the date on which
Lifetture le 1/2	of Resigning Agent)
If signing on behalf of an entity:	SECRETARY TALLAHA
Hartine Cherry	or Printed Name)
	OF ST
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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