NZOUCCIHCHY

(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:	7
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COVER LETTER

TO: Amendment Section Division of Corporations
Throw Away Rescue Inc.
(Name of Corporation) DOCUMENT NUMBER: N20000014044
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)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	
Florida Statute	s, the undersigned. United States Corporation Agents, Inc	<u>. </u>
herehy resigns	as Registered Agent for Throw Away Rescue Inc.	
nereby resigns	(Name of Corporation)	
N200000	14044	
(Docume	ent Number, if known)	
	resignation was mailed to the above listed corporation at its last kno	
The agency is this statement	terminated and the office discontinued on the 31st day after the date is filed.	on which
	(Signature of Resigning Agent)	A · .
If signing on b	ehalf of an entity:) 7:50
.)	Cheyenne Moseley	
6. 	(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 dissolv	ed/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation