

N21 0000 05204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

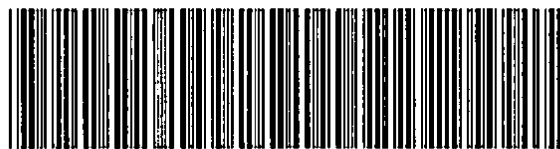
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700368006577

06/11/21--01018--021 **122.50

06/11/21 PM 3:27
JUL 1 2021

JUL 1 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Care Divali Inc
(Name of Corporation)

DOCUMENT NUMBER: N21000005204

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:

Daniel Neumann
(Name of Person)

Dan Neumann Race Cars LLC
(Name of Firm/Company)

3690 NE 45th Place
(Address)

Ocala, FL 34479
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Neumann at (352) 484-7816
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Daniel Neumann

(Name of Registered Agent)

hereby resigns as Registered Agent for Care Divali Inc


(Name of Corporation)

N21000005204

(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:

Daniel Neumann

(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withdrawn corporation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

**DANIEL NEUMANN
3690 NE 45TH PLACE
OCALA, FL 34479
352-484-7816**

**I Daniel Neumann did not give Care Divali Inc or
anyone associated with it permission to use my
name or my address.**

A handwritten signature in black ink, appearing to read 'Daniel Neumann', with a long horizontal flourish extending to the right.

Daniel Neumann