# 12100001299L

	(Requestor's Name)	
	(Address)	<del></del> -
	` ,	
	(Address)	
	(City/State/Zip/Phone	#)
PICK-UF	MAIT	MAIL
<del></del> .	(Business Entity Name	٥١
	(Business Entity Nami	e)
	(Document Number)	-
Certified Copies	Certificates	of Status
-		
Special Instructions	to Filing Officer:	

Office Use Only



200401197502

01/31/23--01019--010 ++87.50

2023 JAN 31 PH 1: 00

RA Risignation

APR 0 5 2023 D CUSHING





2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

# REFERENCE # MUST BE ON INVOICE TO BE PAID

Date:

January 18, 2023

AE:

Cori Ann Crosthwaite

Vendor#

1960

IEmail:

ccrosthwaite@myparacorp.com

TO:

Florida Department of State

Division of Corporations PO Box 6327

1903820

Tallahassee, FL 32314

FAX:

850-687-6381

EMAIL:

Return Shipping:

Ref Number:

NAME:

PENSACOLA AEROSPACE MUSEUM

INC.

### FILE REGISTERED AGENT RESIGNATION

State

County

FL

#### PLEASE EMAIL OR FAX A COPY OF RESULTS

If the document is black and white, please return it to via e-mail and regular mail. If the document has color or any raised seals, please send it via:

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET 888-272-3725

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1	
Florida Statutes, the undersigned.	)	
	(Name of Registered Agent)	
hereby resigns as Registered Agen	Pensacola Aerospace Museu	ım Inc.
neredy resigns as registered rigen	(Name of Corporation)	
N21000012996		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its last know	vn address.
The agency is terminated and the othis statement is filed.	office discontinued on the 31st day after the date of	on which
Eding Ma	115	
demokalistica attoria	(Signature of Resigning Agent)	
If signing on behalf of an entity:		202 S**
EDNA PER	RRY	2023 JAN 31 81085 [AK
	(Typed or Printed Name)	<u> </u>
		10 m
Asst. Secretary	for Rocket Lawyer Corporate Services LLC	
<del></del>	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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