N22000003539

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE

Ra Risionostian

MAR 1 9 2024 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations			
Freedom Alliance of Florida, Inc. SUBJECT: (Name of Corporati	on)	_	
DOCUMENT NUMBER: N22000003539	<u> </u>	_	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted fo	r filing.	
Please return all correspondence concerning this matter to the	ne following:		
Timothy Binns			
(Name of Person)			
(Name of Firm/Company)			
819 Fairwaycove Ln, Unit 206			
(Address)	•		
Bradenton, FL 34212	ن 7 بر ر 2 جرز	2024	w*************************************
(City/State and Zip Code)	- 	E33	
For further information concerning this matter, please call:		27	
Timothy Binns at (720	289-7735	PM 2: 09 9年9年/16	
(Name of Person) (Area Code	& Daytime Telephone Number	765	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ns 607.0503(2), 617.0502(2), 607.1509, o	r 617.1509	Э,	
	Timothy Binns			
Florida Statutes, the undersigned. (Name of Registered Agent)				_
D. Carred Annual	Freedom Alliance of Florida, Inc.			
hereby resigns as Registered Agent for (Name of Corporation)				_
N22000003539				
(Document Number, if known)				
A copy of this resignation was mail	led to the above listed corporation at its la	st known a	addres	s.
this statement is filed.	ffice discontinued on the 31st day after the	e date on v	vhich	
1 cmothy	1 Janes			
	(Signature of Resigning Agent)			
If signing on behalf of an entity:				
	(Typed or Printed Name)	SECRETARY OF ST	2024 FEB 27 PH 2: 09	
	(Capacity)	그룹	909	_

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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