

PO0 00000 67490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

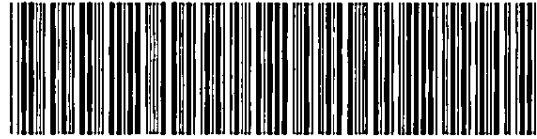
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN 28 AM 7:34
Sec. of State
TALLAHASSEE, FL

JUL 23 2021
C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Personal Repsonse Corporation
(Name of Corporation)

DOCUMENT NUMBER: P00000067490

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:

Steven Silverman

(Name of Person)

Steven Silverman

(Name of Firm/Company)

7740 SW 104th Street Suite 101

(Address)

Miami, Florida 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Silverman

at (305) 666-6111

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Steven Silverman

(Name of Registered Agent)

hereby resigns as Registered Agent for Personal Response Corporation

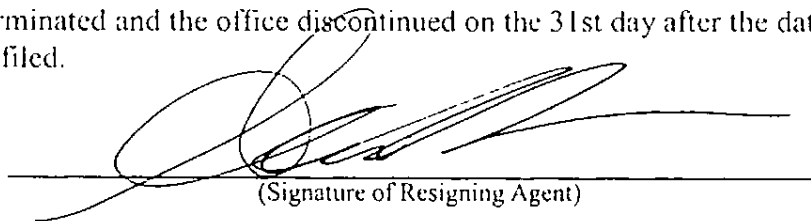
(Name of Corporation)

P00000067490

(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:

(Typed or Printed Name)

(Capacity)

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2021 JUN 28 AM 7:34
TALLAHASSEE, FL

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