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07/30/2021 JH

SECRETARY OF THE

COVER LETTER

TO: Amendment Division of O			
Davis, Gia	ordino & Hrivnak, P.A.		
	(Namo	of Corporat	ion)
DOCUMENT NUM	BER: P00000075316		
The enclosed Resign	nation of Registered Agent fo	or a Corpor	ation and fee are submitted for filing.
Please return all cor	respondence concerning this	s matter to t	he following:
Heather Hrivnak			
	(Name of Person)	<u> </u>	_
Davis, Giardino & Hriv	nak, P.A.		
(1	Name of Firm/Company)	· · · · · · · · · · · · · · · · · · ·	-
2161 Palm Beach Lakes	Blvd., Suite 317		
	(Address)	. -	•
West Palm Beach, Flori	da 33409		
(0	City/State and Zip Code)	.	-
For further informat	ion concerning this matter, p	olease call:	
Heather Hrivnak	at (514-0305
(Nan	ne 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0503(2), 617.0502(2), 607.1509, or 6	517.1509,
Florida Statutes, the undersigned,	Richard Giardino	
	(Name of Registered Agent)	<u> </u>
Landarani ara na Banistanad Arant	Davis, Giardino & Hrivnak, P.A.	
hereby resigns as Registered Agent	(Name of Corporation)	
P00000075316		
(Document Number, if known)		
A copy of this resignation was mai	led to the above listed corporation at its last	known address.
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the d	ate on which
	(Signature of Resigning Agent)	_
		,)
If signing on behalf of an entity:		130 13
	(Typed or Printed Name)	2
		—
	(Canacity)	— <u> </u>

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)