P01000 033 220

(Requestor's Name)
(Address)
(Address)
(Madicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000333116060

08/27/19--01005--985 **375.00

RECEIVED AUG 2 6 2019

> 19 AUG 26 AM 9: 20 SECRETARY OF STATE

SEP = ° N'S T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NTERA, INC
(Name of Corporation) DOCUMENT NUMBER: P01000033220
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:
Paul D. Turner
(Name of Person)
Law Office of Paul D. Turner (Name of Firm/Company)
200 S. Andrews Avenue, Suite 600 (Address)
Ft. Lauderdale, FL 33301 (City/State and Zip Code)
For further information concerning this matter, please call:
Jennifer Bordner (Name of Person) at (954) 566-7117 (Area Code & Daytime Telephone Number)
(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 co

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of State for \$87,50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.050		
Florida Statutes, the undersigned, LAW OFFICE OF PAUL D TURNER		
(Name	of Registered Agent)	
hereby resigns as Registered Agent for NTERA, INC	•	
(Nat	me of Corporation)	
P01000033220		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed co	orporation at its last known address.	
The agency is terminated and the office discontinued on the this statement is filed.	e 31st day after the date on which	
(Signature of Resigning A	gent)	
If signing on behalf of an entity:		
,	Z _S	
Paul Turner	19 A	
(Typed or Printed Name		
	UG 26 HASSES	
Manager		
(Capacity)	9: 2	
	35 20 20 20 20 20 20 20 20 20 20 20 20 20	

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