# P01000054554

(R	Requestor's Name	)				
(A)	ddress)					
(A	ddress)					
(C	City/State/Zip/Phor	ne #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	es of Status				
Special Instructions to Filing Officer.						
<u> </u>						

Office Use Only



600415203746

09/08/23--01015--020 \*\*87.50

FILED
2023 SEP -8 PM 3: 13

### **COVER LETTER**

	(Name of Person) at () (Area Code & Daytime Telephone Number)
Maria S	Seemer 321 258-2447
For fu	orther information concerning this matter, please call:
	(City/State and Zip Code)
Suwane	ee, GA 30024
	(Address)
930 An	mbleside Drive
	(Name of Firm/Company)
Electro	onic Training Solutions, Inc.
	(Name of Person)
Maria 1	M Seemer
Please	e return all correspondence concerning this matter to the following:
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
DOCU	JMENT NUMBER: P01000054554
	(Name of Corporation)
SUBJI	
	Division of Corporations
IU:	Amendment Section

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

•		7.0503(2), 617.0502(2), 607	7.1509, or 61	7.1509,		
Florida Statutes, the un	dersigned, Maria	T. Mogollon-Seemer				
		(Name of Register	ed Agent)		_	
hereby resigns as Regis	stered Agent for	Electronic Training Solutions, Is	nc.			
	_	(Name of Corporation)				
P01000054554						
(Document Numbe	er, if known)	_				
A copy of this resignat	ion was mailed to	the above listed corporation	n at its last kr	nown addres	SS.	
The agency is terminate this statement is filed.	ed and the office of	discontinued on the 31st day	after the dat	te on which		
	Min M	nature of Resigning Agent)		_		
If signing on behalf of	an entity:					
<del></del>	<i>\$7.4R1A</i> (1	T. 170C-0CLON - S  Typed or Printed Name)	<u>EEMER</u>	2023 SEP	丁	
	DIRE	: TOR		P-8	FILEU	
	· · · · · · · · · · · · · · · · · · ·	(Capacity)		8 PH 3: 13 SEE, FLORIDA		
				JAII ORIE	· •	
	Fee for filing	this document		A	~	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

\$87.50 - Active Corporation