

PO1000058976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

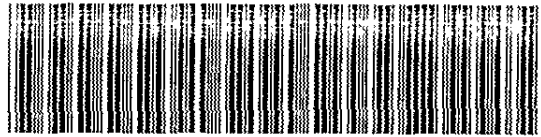
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CLERK OF STATE
TAMMSEE, FLORIDA

PO1000058976
5-2-03 RARUS
388 CM

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ONE CALL CATERING, INC.

(Name of Corporation)

DOCUMENT NUMBER: P01000058976

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:

DENNIS AND MARCI URICOLA

(Name of Person)

ONE CALL CATERING, INC.

(Name of Firm/Company)

13317 NW 14 STREET

(Address)

PEMBROKE PINES, FL. 33028

(City/State and Zip Code)

For further information concerning this matter, please call:

DENNIS URICOLA

(Name of Person)

at (954) 741-2812

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

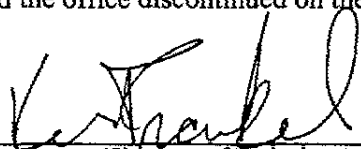
Florida Statutes, the undersigned, KEN FRANKEL, P.A.
(Name of Registered Agent)

hereby resigns as Registered Agent for ONE CALL CATERING, INC.
(Name of Corporation)

P01000058976
(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:

KEN FRANKEL, P.A.
(Typed or Printed Name)

PRESIDENT
(Capacity)

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03 MAY -2 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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