

PO10000

91485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

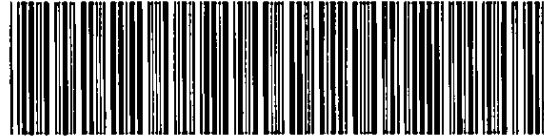
(Business Entity Name)

(Document Number)

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2019 APR 19 PM 12:46

C. GOLDEN

APR 27 2019



Jeanne L. Seewald

Direct Phone: 239.254.2905
Direct Fax: 239.254.2942
Email: jseewald@hahnlaw.com

April 18, 2019

Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: 01012002, Inc.

Dear Sir/Madam:

Enclosed for filing with respect to the above-referenced company is a Statement of Resignation of Registered Agent and our check in the amount of \$87.50 for the filing fee.

Please return all correspondence regarding this matter to the following:

Jeanne L. Seewald, Esq.
Hahn Loeser & Parks, LLP
5811 Pelican Bay Boulevard, Suite 650
Naples, FL 34108

If you have any questions or require additional information, please call me at the number above.

Cordially yours,

HAHN LOESER & PARKS LLP

A handwritten signature in black ink, appearing to read "Jeanne L. Seewald", written over the printed name of the firm.

Jeanne L. Seewald

JLS/cdf
Enclosure

10924217.1

HAHN LOESER & PARKS LLP attorneys at law

cleveland columbus naples fort myers san diego chicago

5811 Pelican Bay Boulevard, Suite 650 Naples, Florida 34108 phone 239.254.2900 fax 239.592.7716 hahnlaw.com

**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, HL Statutory Agent, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for 01012002, Inc.

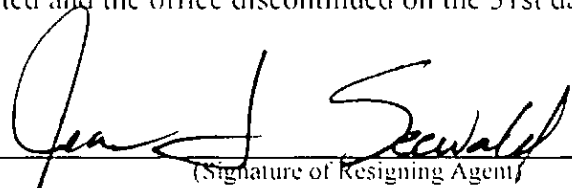
(Name of Corporation)

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(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:

Jeanne L. Seewald

(Typed or Printed Name)

Vice President

(Capacity)

2019 APR 19 PM 12:46

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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