P01000102701

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	
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T. LETTER S. TOTAL

COVERLETTER

TO: Amendment Section **Division of Corporations** Wild Escorts Inc. (Name of Corporation) P01000102701 **DOCUMENT NUMBER:** 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: Kenia Gandia (Name of Person) Wild Escorts (Name of Firm/Company) 480 W 84thSt Unit 106B (Address) Hialeah FI 33014 (City/State and Zip Code) For further information concerning this matter, please call: Kenia Gandia (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

•	provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, the undersigned Kenia Gandia
Florida Statutes,	the undersigned, Kenia Gandia (Name of Registered Agent)
hereby resigns as	Registered Agent for Wild Escorts Inc (Name of Corporation)
P0100010	·
(Document	Number, if known)
A copy of this re	signation was mailed to the above listed corporation at its last known address.
The agency is tenthis statement is	rminated and the office discontinued on the 31st day after the date on which filed.
	(Signature of Resigning Agent)
If signing on beh	alf of an entity:
	President
	(Typed or Printed Name)
	(Capacity)
	Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/

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