P02000027183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Check entity status

RVA

Office Use Only

300392409623

08/11/22--01006--018 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 AUG 11 PM 1:22

J. DERING
NOV 28 2022

QUARANTA P.A.

John M. Quaranta, Esq.
john.quaranta@quaranta.law

August 2, 2022

VIA U.S. MAIL
Division of Corporations
Florida Dept. of State
P.O. Box 6327
Tallahassee, FL 32314
ATTN: Amendment Section

SUBJECT: **John M. Quaranta, P.A.**
DOCUMENT NUMBER: **P02000027183**

Dear Sir/Madam:

The enclosed Resignation of Registered Agent for a Corporation is submitted for filing regarding John M. Quaranta, P.A., Document No. P02000027183.

Enclosed is our Firm's check made payable to the Florida Department of State in the amount of $35.00.

Please return all correspondence concerning this matter to the following:

John M. Quaranta, Esq.
QUARANTA P.A.
1600 Ponce de Leon Blvd., 10th Floor
Coral Gables, FL 33134

For further information concerning this matter, please contact our office at 305-930-6077.

Very truly yours,

JOHN M. QUARANTA

JMQ/ld
Enclosure (Resignation of Registered Agent for John M. Quaranta, PA & $35.00 Quaranta PA check)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, John M. Quaranta
(Name of Registered Agent)

hereby resigns as Registered Agent for John M. Quaranta, P.A.
(Name of Corporation)

P02000027183
(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:

(Typed or Printed Name)

(Capacity)

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$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(R2) 06/12/99