

P02000048321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

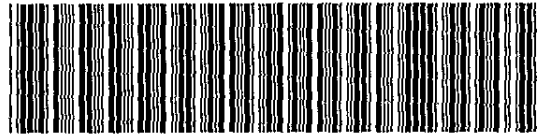
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL 32301

P02000048321
RAKER
9-26-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT:

TRACAL, INC
(Name of corporation)

7/26/03

DOCUMENT NUMBER:

P02000048321*Resignation*

The enclosed Statement of ~~Change~~ of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARMANDO DACAL
(Name of person)TRACAL

(Name of firm/company)

2296 SW 182 WAY
(Address)MIRAMAR, FL 33029

(City/state and zip code)

For further information concerning this matter, please call:

ARMANDO DACAL
(Name of person)at 954, 3890530

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 14, 2003

ARMANDO DACAL
2296 SW 182 WAY
MIRAMAR, FL 33029

SUBJECT: TRACAL, INC.
Ref. Number: P02000048321

We have received your document for TRACAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance of \$52.50 due for the resignation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Document Specialist

Letter Number: 003A00046404

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, Armando Dacal
(Name of registered agent)

hereby resigns as Registered Agent for Tracal, Inc.
(Name of corporation)

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.

A Dacal
(Signature of resigning agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

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