P020000 53976

(Requestor's Name)
(Nequestor's Name)
(Address)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SEGRETARY OF STATE

JQ 10/13/20

COVER LETTER

Division of Corporations	
Top Systems Corp SUBJECT:	
(Name of Corporat	ion)
DOCUMENT NUMBER: 02000053976	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Shayne Quass	
(Name of Person)	
Stefanini, Inc.	
(Name of Firm/Company)	-
13833 Orange Sunset Drive, Unit 201	
(Address)	-
Tampa, FL 33618	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Amy A Anger 248	252 2284
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sect	ions 607.0503(2), 617.0502(2), 607.1509, or 617.150	9.
Florida Statutes, the undersigned	George Saenz	
Torred Statutes, the undersigned	(Name of Registered Agent)	
hereby resigns as Registered Age	Top Systems Corp	
nereby resigns as registered rige	(Name of Corporation)	
02000053976		
(Document Number, if known)		
A copy of this resignation was m	ailed to the above listed corporation at its last known a	address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on v	vhich
	V	
- Geo	rge Saenz (Signature of Resigning Agent)	
·	(Signature of Resigning Agent)	
f signing on behalf of an entity:		
Jorge Iglesias		
	(Typed or Printed Name)	
	(Types of Times Name)	
Director		
	(Capacity)	202
		2020 AUG 31
		Ö
Fee fo	or filing this document:	<u>~</u>
\$87.50	7 - Active Corporation	₹
\$35.00	i - Administratively dissolved/voluntarily dissolved (2)	

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

withdrawn corporation