

P02 000079138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

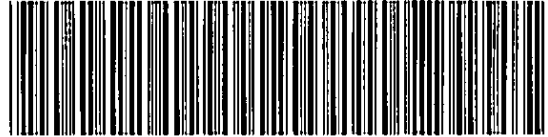
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500368245195

Resignation

of RA

06/21/21--01013--037 **87.50

2021 JUN 21 PM 12 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUL 2 0 2021
A RAMSEY

COVER LETTER •

TO: Amendment Section
Division of Corporations

SUBJECT: Venetian Isles First Inc.
(Name of Corporation)

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:

Kristen Bradley

(Name of Person)

Venetian Isles First Inc.

(Name of Firm/Company)

3851 NE 22 Ter. #2

(Address)

Lighthouse Point, FL 33064

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristen Bradley at (954) 873-8147

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2027 JUN 21 PM 12 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Deborah Knight
(Name of Registered Agent)

hereby resigns as Registered Agent for Venetian Isles First Inc.
(Name of Corporation)

(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:

DEBORAH KNIGHT
(Typed or Printed Name)

PRESIDENT & TREASURER
(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