P02000 114523

(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:

Spoke with Sherry on 2/23/2018 for Approval to Amend the Registed Agent Name to reflect what is shown on the sunbiz.org website.

Office Use Only

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FEB 23 2018

FILED
18 FEB 22 PM 3:15

R/A. Resign

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Floyd & Lopez Builders, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000114523

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:

Patrick M. O'Connor
(Name of Person)

O'Connor Law Firm
(Name of Firm/Company)

2240 Belleair Road, Suite 115
(Address)

Clearwater, FL 33764
(City/State and Zip Code)

For further information concerning this matter, please call:

Patrick M. O'Connor at (727) 539-6800
(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of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, O'CONNOR & ASSOCIATES
(Name of Registered Agent)

hereby resigns as Registered Agent for Floyd & Lopez Builders, Inc.
(Name of Corporation)

P02000114523
(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)

FILED
18 FEB 22 PM 3:15

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$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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