

P02000127692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

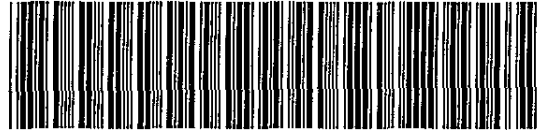
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500049481675

04/06/05--01012--017 **35.00

FILED
05 APR -6 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 4.6.05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SERVICES FOR AMERICA USA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P02000127692

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:

JOSEPH CARVAJALES

(Name of Person)

SERVICES FOR AMERICA USA, INC.

(Name of Firm/Company)

*My mailing
Address*

18252 S.W. 146th AVENUE

(Address)

MIAMI, FLORIDA 33177

(City/State and Zip Code)

→ Former Address

*9010 S.W. 137th AVE Suite 2
MIAMI, FL 33186*

For further information concerning this matter, please call:

JOSEPH CARVAJALES

(Name of Person)

at (305) 401-8513

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

**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, JOSEPH CARVAJALES

(Name of Registered Agent)

hereby resigns as Registered Agent for SERVICES FOR AMERICA USA, INC.

(Name of Corporation)

P02000127692

(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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR -6 PM 2:30

FILED

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