P0300005552

·				
(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:				
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SECRETARY OF STATE

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COVER LETTER

	Amendment Section Division of Corporations
SUBJE	ECT: FLORES FLOWERS TRUCKING, INC.
	(Name of Corporation)
DOCU	MENT NUMBER: P03000005552
The end	closed Resignation of Registered Agent for a Corporation and fee are submitted for fil
Please	return all correspondence concerning this matter to the following:
TINA	MAKI
	(Name of Person)
A1A 1	REGISTERED AGENT INC.
	(Name of Firm/Company)
5647	110TH AVENUE NORTH
	(Address)
ROY	AL PALM BEACH, FL 33411
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
TINA	all)
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	ions 607.0502(2), 617.0502(2), 607.1509, or 617.13	509,
Florida Statutes, the undersigned,	A1A REGISTERED AGENT INC. (Name of Registered Agent)	
hereby resigns as Registered Age	nt for FLORES FLOWERS TRUCKING, INC. (Name of Corporation)	,
P03000005552	(, table of corporation)	
(Document Number, if known)		
A copy of this resignation was ma	ailed to the above listed corporation at its last know	n address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date of Mala. (Signature of Resigning Agent)	-2 . -
If signing on behalf of an entity:	4	F SHURRETA
TINA MAKI		ASSE TO THE
	(Typed or Printed Name)	FOR BEIN
PRESIDEN	, Г	D R: 18 STATE TLORIDA
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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