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Office Use Only



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MILHILL

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--------------------------------------------------------------|------------------------------------------|
| SCHMIDT'S WELL DRILLING AND SPRINKLER SY | |
| (Name of Corporat | tion) |
| DOCUMENT NUMBER: P03000133096 | |
| The enclosed Resignation of Registered Agent for a Corpor | ration and fee are submitted for filing. |
| Please return all correspondence concerning this matter to t | he following: |
| Lawrence Avallone Esq. | |
| (Name of Person) | - |
| Avallone Law P.A. | |
| (Name of Firm/Company) | - |
| 605 South Orange Street | |
| (Address) | - |
| New Smyrna Beach, Florida 32168 | |
| (City/State and Zip Code) | - |
| For further information concerning this matter, please call: | |
| Lawrence Avallone 386 | 682-9235 |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2021 FEB 23 AM 9: 17

SECRETARY OF STATE
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 6174509\SSEE, FL
Florida Statutes, the undersigned,

Lawrence Availone Esq.

(Name of Registered Agent)

SCHMIDTS WELL DRILLING AND SPRINKLER SYSTEMS, INC.

(Name of Corporation)

P03000133096

(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:

(Signature of Printed Name)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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