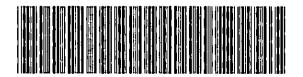
P03000153192

(Requestor's Name)					
(Address)					
(Address)					
(188.533)					
(0) (0) . (7) (0)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

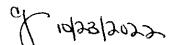
Office Use Only



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COVER LETTER

	Division of Corporations		
SUBJE	QSLD NEW WORLD INC.		
		(Name of Corp	oration)
DOCU	MENT NUMBER: P03000153192		
The end	closed Resignation of Registered A	Agent for a Cor	poration and fee are submitted for filing
Please	return all correspondence concerni	ing this matter	to the following:
PATRIC	CK BOUTEMINE		
	(Name of Person)		
QSLD N	NEW WORLD INC.		
	(Name of Firm/Company	y)	
382 NE	191st ST. #38837		
	(Address)		
міамі,	FL 33179		
	(City/State and Zip Code	2)	· •
For fur	ther information concerning this m	natter, please ca	all:
PATRIC	CK BOUTEMINE	941 at (704-3244
	(Name of Person)	at ((Area C) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 60	7.1509, or 617.1509,		
Florida Statutes, the undersigned, MELANIE WORKMAN			
(Name of Registered Agent)			
hereby resigns as Registered Agent for QSLD NEW WORLD INC.			
(Name of Corporation)			
P03000153192			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation	n at its last known address		
The agency is terminated and the office discontinued on the 31st day this statement is filed.	y after the date on which		
Melanie Workman (Signature of Resigning Agent)			
If signing on behalf of an entity:	2ú22 J' ' 25		
(Typed or Printed Name)			
(1 yped of Frinted Name)			
	<u></u>		
	7.7		

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

(Capacity)