

P04000001172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

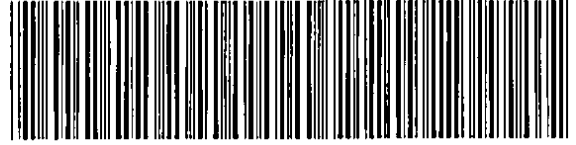
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF REVENUE

OCT 22 2019
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3

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STATE OF FLORIDA
SECRETARY OF STATE

PLEASE FILE THE ATTACHED REGISTERED AGENT RESIGNATION FOR:

1. ELVIR CORPORATION

PLEASE RETURN A STAMPED COPY

CHECK# 8425 FOR: \$665.00 (\$35.00 for this filing)

THANK YOU!

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2018 OCT 21 PM 14
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

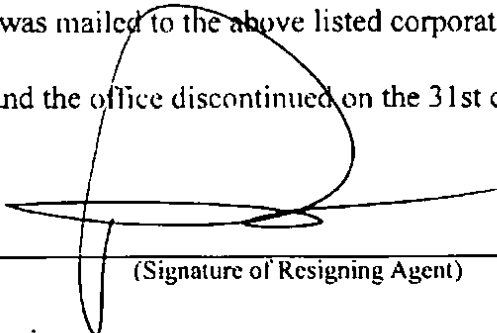
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ATRIUM REGISTERED AGENTS, INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for ELVIR CORPORATION
(Name of Corporation)

P04000001172
(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:

RALPH A. NARDI
(Typed or Printed Name)

VICE PRESIDENT, DIRECTOR
(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withdrawn corporation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