

P04000000 3783

(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



000326809930

03/29/19--01017--024 **67.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 MAR 29 A 11:43

FILED

APR 08 2019

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bill Simmons Painting, Inc
(Name of Corporation)

DOCUMENT NUMBER: PO4000003783

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:

Devin Simmons
(Name of Person)

(Name of Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Elvi Simmons at (239) 693-6848
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Devin Corp Simmons
(Name of Registered Agent)

hereby resigns as Registered Agent for Bill Simmons Painting, Inc
(Name of Corporation)

PC4 00000 3783
(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.

was filed by mistake - meant to put in corp
Devin Simmons / Elvie Simmons
(Signature of Resigning Agent)

If signing on behalf of an entity:

Elvie M. Simmons
(Typed or Printed Name)

Secretary
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved
withdrawn corporation

2019 MAR 29 A 11:53
TALLAHASSEE, FLORIDA

FILED

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314