

(Requestor's Name)
(Address)
(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:

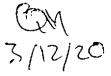
Office Use Only



300340899503

02/24/20--01033--025

*#245.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Wiemerslage Plano Service Inc. (Name of Corporation)
DOCUMENT NUMBER: PO40000 11682
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:
Scott Wiemenscage. (Name of Person)
(Name of Firm/Company)
161 SE 9th Court (Address)
Pompano Beach, FL 33060 (City/State and Zip Code)
For further information concerning this matter, please call:
Scott (Uvernerage at () (Name of Person) at () (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.15	09.
Florida Statutes, the undersigned. (Name of Registered Agent)	
hereby resigns as Registered Agent for Wiemersking Picino Ser (Name of Corporation)	vice Inc.
PO 40000 11 (SB 2) (Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	raddress.
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	
	1,75,000 1/R 10,75,000 07,10 2020 FEB 24
(Signature of Resigning Agent)	17 8 24 8 24
If signing on behalf of an entity:	PH 3:
(Typed or Printed Name)	မွ် 🚟
(1) Production (1)	
(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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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