

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6380

From:

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 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (786) 409-5946

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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REGISTERED AGENT RESIGNATION
REYNOLBI CORPORATION

Certificate of Status	0
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Page Count	02
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75467

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Corporate Filing Menu

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REYNOLDS CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: PD4000063871

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:

MARCELO M. AGUDO, ESQ.
(Name of Person)

AGUDO LAW, P.A.
(Name of Firm/Company)

133 DRAGON AVENUE
(Address)

CORAL GABLES, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

MARCELO M. AGUDO at (305) 448-4747
(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or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

CR2B046 (04/12)

**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, MARCELO M. AGUDO, ESQ.

(Name of Registered Agent)

hereby resigns as Registered Agent for REYNOLBT Corporation

(Name of Corporation)

P04000063871

(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:

(Typed or Printed Name)

(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

2014 JUN -4 A 11:17
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TALLAHASSEE, FLORIDA

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