

**PO 4000068835**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : BEGGS & LANE  
Account Number : 120020000155  
Phone : (850)432-2451  
Fax Number : (850)469-3331

2023 SEP -8 AM 10:14  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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

Email Address: KEANE.ROGERS@NOCAPHOLDINGSLLC.COM

### REGISTERED AGENT RESIGNATION

**A A N D A, INC.**

Certificate of Status	0
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A A N D A, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P04000068835

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:

ROBERT L. JONES, III, ESQ.

(Name of Person)

(Name of Firm/Company)

501 COMMENDENCIA STREET

(Address)

PENSACOLA, FL 32502

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT L. JONES, III

at ( 850 ) 432-2451

(Name of Person)

(Area Code &amp; 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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2023 SEP - 8 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, ROBERT L. JONES, III

(Name of Registered Agent)

hercby resigns as Registered Agent for A A N D A, INC.

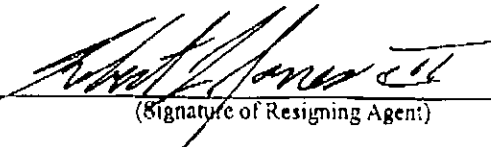
(Name of Corporation)

P04000068835

(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

CR2E046 (12/19)

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STATE DEPT OF STATE  
TALLAHASSEE, FL

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