P04000116480

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SECRETARY OF STATE TALL ABASS FEELS

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MAY 3 0 2023 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations				
SPACE COAST JET CENTER, INC. SUBJECT:				
	ime of Corpora	tion)		
DOCUMENT NUMBER: P04000116480				
The enclosed Resignation of Registered Agen	it for a Corpoi	ration and fee are submitted for	filing.	
Please return all correspondence concerning t	his matter to t	the following:		
Gary Sarabia				
(Name of Person)		-		
Gary Sarabia, CPA		ب ۱	2023 FEB 24	فعافعه
(Name of Firm/Company)	•	- ;	; G	6.34 <i>2</i> 0112
152 Whitaker Road		2005 2005 2005	n	l"
(Address)		- - (1)	ים היים היים היים	J
Lutz, FL 33549			+ PH 4: 32	
(City/State and Zip Code)	 .	_		
For further information concerning this matter	r, please call:			
Gary Sarabia	813 at (948-2274		
(Name of Person)	(Area Code	_) e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 6	07.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Gary	Sarabia
——————————————————————————————————————	(Name of Registered Agent)
hereby resigns as Registered Agent for	SPACE COAST JET CENTER, INC.
nereby resigns as registered Agent for	(Name of Corporation)
P04000116480	
(Document Number, if known)	
A copy of this resignation was mailed t	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date on which
Jan, 1.	make Clar ignature of Resigning Agent)
(S)	ignature of Resigning Agent)
If signing on behalf of an entity:	2023 FEB 24 SECRETARY
	(Typed or Printed Name)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)