

P04000118551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

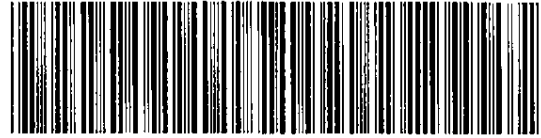
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700296976157

03/28/17--01032--013 **\$35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 MAR 28 AM 9 17

V HERRING
MAR 29 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: City Rugs Inc
(Name of Corporation)

DOCUMENT NUMBER: PO4000118551

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:

Jennifer Rmo
(Name of Person)

CITY RUGS INC
(Name of Firm/Company)

13300 NW 47 AVE Bay 12
(Address)

OPALOCKA FL 33051
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Rmo at (781) 298-8136
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2017 MAR 28 AM 9 17

**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, Jennifer Ramo
(Name of Registered Agent)

hereby resigns as Registered Agent for City Ruas INC.
(Name of Corporation)

P 04000118551
(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.

Jennifer Ramo
(Signature of Resigning Agent)

If signing on behalf of an entity:

Jennifer Ramo
(Typed or Printed Name)

Registered Agent
(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withdrawn corporation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**