P04000145680

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		}
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TRANSMITTAL LETTER

Division of Corporations
SUBJECT: BRIGGS Vending INC (Name of Corporation)
DOCUMENT NUMBER: PO4000145680
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:
Debra T. BRIGGS (Name of Person)
Clauson + Company Inc (Name of Firm/Company)
2731 Grecutive Park Drive Suite 8 (Address)
Westow, Florida 33331 (City/State and Zip Code)
For further information concerning this matter, please call:
Debra T. Briggs at (954) 647-4494 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150)9,		
Florida Statutes, the undersigned, Debra BRIGGS (Name of Registered Agent)			
hereby resigns as Registered Agent for BRIGGS Vending Two (Name of Corporation)	<u>. </u>	,	
Po 4000145680 (Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known	addres	SS.	
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	which		
(Signature of Resigning Agent)		N 40	Mark the state of
If signing on behalf of an entity:		7	CHOMES CHOMES
Debra Brited S (Typed or Printed Name)	OF STATE	2 AM 8: 23	ED
Registered Agent			

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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