P04000166687

(Requestor's Name)
(Address)
(Address)
(lauress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Out End Online
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800060676908

10724705 91057 012 **87.50



RA Pes.

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Will angelo's James NT Pizza, Inc. (Name of Corporation)
DOCUMENT NUMBER: POH DW 166687
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:
-Amy Van Fossen (Name of Person)
Amy B: Van Fossen PA. (Name of Firm/Company)
476 Huy AlA Ste 3A (Address)
Sotellite Blach 71 32937 (City/State and Zip Code)
For further information concerning this matter, please call:
Art land Josse at (321) 773-5225 (Name of Person) at (321) 773-5225 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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, Angelo Abitino (Name of Registered Agent)
hereby resigns as Registered Agent for Once Ongelos Jamos W. Pizza, Jac. (Name of Corporation)
(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:
Angulo Abitmo (Typed or Printed Name)
Pas.

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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