

POS 000086315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

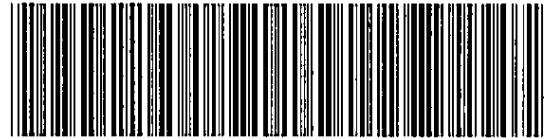
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

**PATRICIA LEBOW GAVE
PERMISSION TO CORRECT
DOCUMENT ON 08/21/19.**

Office Use Only



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08/14/19--01020 -006 **35.00

2019 AUG 14 PM 3:38

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C. GOLDEN

AUG 21 2019

**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, Patricia Lebow, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for CREDIT PLUS SOLUTION OF SOUTH FLORIDA, INC.
(Name of Corporation)

P05000086315

(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:

Patricia Lebow, P.A.

(Typed or Printed Name)

President

(Capacity)

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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withdrawn corporation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