F35000/07093

(Re	equestor's Name)	
(Ac	ldress)	
(Address)		
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	•
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECKETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ON The WING Falconn, Inc. (Name of Corporation)
DOCUMENT NUMBER: P05000107093.
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:
Name of Person)
On the WING, Falconny, Inc. (Name of Firm/Company)
4407 Mendian Rd. (Address)
Venice, Florida 34293 (City/State and Zip Code)
For further information concerning this matter, please call:
Timothy Christian at (941) 493-6281 (Name of Person) (Area Code & Daytime Telephone Number)
(Mea code & Daynine Telephone Municip

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Victor M. Valliura (Name of Registered Agent)
hereby resigns as Registered Agent for On The WING Falconn, INC (Name of Corporation)
Po 5000 10 7093 (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: OTHAR (Typed or Printed Name) (Typed or Printed Name)
mo 📮 M
(Capacity) (Capacity) (Capacity) (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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