

P05000143177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

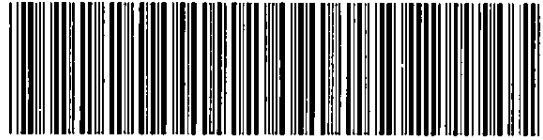
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700426532647

04/01/24--01018--018 *\$35.00

2024-04-01 AM 5:59
OFFICE OF STATE
CORPORATE, FL

30

6. HUNT
04/01/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Henshaw Marketing Enterprises, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P05000143177

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:

Office Manager

(Name of Person)

Ford Miller & Wainer PA

(Name of Firm/Company)

1835 3rd St N

(Address)

Jacksonville Beach/FL 32250

(City/State and Zip Code)

For further information concerning this matter, please call:

Office Manager _____ at (904) 390-1970
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020-10-1 AM 5:59
STATE
TALLAHASSEE, FL

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, David Wainer

(Name of Registered Agent)

hereby resigns as Registered Agent for Henshaw Marketing Enterprises, Inc.

(Name of Corporation)

P05000143177

(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:

(Typed or Printed Name)

(Capacity)

700110-1 AM 5:59
DIV OF STATE
TALLAHASSEE, FL

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