

POL000042551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

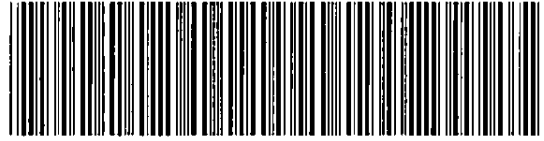
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

PAID

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARIA CLAUDIA SAVAGE, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P06000042551

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:

MARIA CLAUDIA SAVAGE
(Name of Person)

(Name of Firm/Company)

2025 Brickell Avenue Apt 1905
(Address)

Miami, FL 33129
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Claudia Savage at (786) 280-6222
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

SEP 13 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FL

11:10

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.

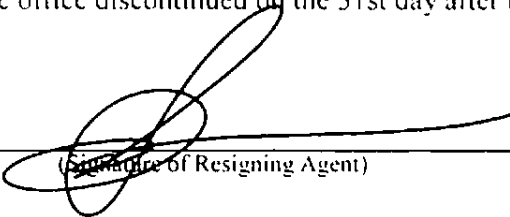
Florida Statutes, the undersigned, George S. Savage, Esq.
(Name of Registered Agent)

hereby resigns as Registered Agent for Maria Claudia Savage, P.A.
(Name of Corporation)

P06000042551
(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)

2024 SEP 13 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FL
E1111111

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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P.O. Box 6327
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(Name of Person)

(Name of Firm/Company)

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(Address)

Miami, FL 33129
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Claudia Savage at (786) 280-6222
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TALLAHASSEE, FL
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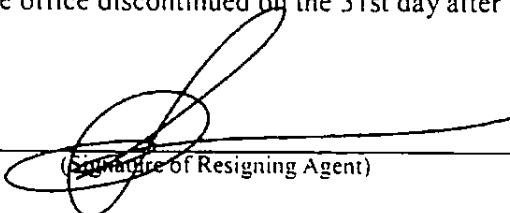
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, George S. Savage, Esq.
(Name of Registered Agent)

hereby resigns as Registered Agent for Maria Claudia Savage, P.A.
(Name of Corporation)

P06000042551
(Document Number, if known)

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this statement is filed.


(Signature of Resigning Agent)

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(Typed or Printed Name)

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TALLAHASSEE, FL
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