

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	#)
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PICK-UP	WAIT	MAIL
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(Bu	isiness Entity Nam	ie)
(Do	ocument Number)	
Certified Copies Certificates of Status		
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Special Instructions to	Filing Officer:	
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Office Use Only



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JUN 06 2017

R. WHITE



Corporate Office 1701 Directors Blvd. Suite 300 Austin, TX 78744

(888) 705-7274 Phone (888) 706-7274 Fax www.rasi.com Web

May 23, 2017

Florida Secretary of State Amendment Section Corporations Division P.O. Box 6327 Tallahassee, FL 32314

RE:

**Entity Resignations** 

To Whom It May Concern:

Registered Agent Solutions, Inc. hereby resigns as registered agent for the attached entities. Written notice of resignation was given to the attached entities by delivering such notice to the entities at their last known addresses. Enclosed please find the following for filing with the Florida Secretary of State:

- One original and one copy of the Resignation of Registered Agent statement.
- \$35.00 Filing fee for Inactive company

Please file immediately the enclosed, and return a file-stamped copy of each resignation to the undersigned. If you have any questions regarding this filing, feel free to contact the undersigned directly at (888)705-7274

Sincerely,

Mary Castillo Client Services Representative Registered Agent Solutions, Inc.

## **COVER LETTER**

	(Name of Person)	(Area Cod	705-7274 e & Daytime Telephone Number)
Justin	e Karnell	at (888	705-7274
For further	information concerning this ma	atter, please call:	
	(City/State and Zip Code)		_
Austin	, TX 78744		
	(Address)		
1701	Directors Blvd, #3	300	_
	(Name of Firm/Company)	)	
Regist	ered Agent Solution		_
	(Name of Person)		
Justin	e Karnell		_
	n all correspondence concernir	ng this matter to	the following:
		•	ration and fee are submitted for filing
	NT NUMBER: P06000060	(Name of Corpora	tion)
SUBJECT	COROWARE TE	ECHNOL	OGIES, INC.
	ision of Corporations		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, REGISTERED AGENT SOLUTIONS, INC.
(Name of Registered Agent)
hereby resigns as Registered Agent for COROWARE TECHNOLOGIES, INC.
(Name of Corporation)
P06000060768
(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:
BY: Justine Karnell
(Typed or Printed Name)
Assistant Country
Assistant Secretary
(Capacity)

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/

Fee for filing this document: