## P07000042074

| (Re                                     | equestor's Name)   |           |
|---|--------------------|-----------|
| (Ad                                     | dress)             |           |
| (Ad                                     | dress)             |           |
| , (Cit                                  | :y/State/Zip/Phone | e #)      |
| PICK-UP                                 | ☐ WAIT             | MAIL      |
| (Bu                                     | isiness Entity Nar | ne)       |
| (Do                                     | ocument Number)    |           |
| (==                                     |                    |           |
| Certified Copies                        | _ Certificates     | of Status |
| Special Instructions to Filing Officer: |                    |           |
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## **COVER LETTER**

| TO:    | Amendment Section Division of Corporations  |
|--------|---|
| SUBJI  | ECT: TAY 50 GROUP, INC. (Name of Corporation)  UMENT NUMBER: \$\int 070000 42074            |
| DOCU   | UMENT NUMBER: \$ 070000 42-074  |
| The en | nclosed 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)  |
| TH     | (Name of Firm/Company)  |
| 20     | 533 BISCAYNE BLVD #8/2 (Address)  |
| NE     | (City/State and Zip Code)   |
| For fu | rther information concerning this matter, please call:                                      |
| Lbe    | (Name of Person) at (954) 696-5157 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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? ALLO FILED  |
|--|
| RESIGNATION OF REGISTERED AGENT AUG FILED FOR A CORPORATION  FOR A CORPORATION  Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509% STATE  A D THE CORPORATION TO THE THE COR |
| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, S  |
| Florida Statutes, the undersigned, ARTURO SOTO -SHAZAR (Name of Registered Agent)  |
| hereby resigns as Registered Agent for   |
| (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)   |

## 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