P0100005059

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



600302006656

U6/04/14--01015--015 ***/.Se

FILED
2817 AUG -4 PH 2: 15
SECRETARY SKEET THEATER

RARES

AUG 0 9 2017 I ALBRITTON

COVER LETTER

FO: Amendment Section Division of Corporations
GUBJECT: EXITUS, CORP.
(Name of Corporation)
DOCUMENT NUMBER: P07000050598
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:
David P. Reiner, II, Esq. (Name of Person)
Reiner & Reiner, P.A. (Name of Firm/Company)
9100 S. Dadeland Blvd., Suite 901 (Address)
Miami, FL 33156 (City/State and Zip Code)
For further information concerning this matter, please call:
David P. Reiner, II (Name of Person) at (305) 670-8282 (Area Code & Daytime Telephone Number)
Dueless die auch and annuable to the Cloride Department of State for \$87.50 for an active co

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

THE 2000 I

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. LUIS M. BONDY (Name of Registered Agent)
(Maine of Registered Agent)
hereby resigns as Registered Agent for EXITUS, CORP. (Name of Corporation)
(Name of Corporation)
P07000050598
(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

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/