

PO 7000095789

(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



100327612971

04/15/19--010/2--023 **25.00
05/07/19--01028--008 **10.00

2019 JUN -7 AM 10:56
F. WHITE

R. WHITE
JUN 10 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2019

PHILIP JOSEPHSON
2665 S BAYSHORE DR PH2B
MIAMI, FL 33133

SUBJECT: SPIROX SAFETY PRODUCTS, INC.
Ref. Number: P07000095789

We have received your document for SPIROX SAFETY PRODUCTS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist III

Letter Number: 019A00008265

RECEIVED
2019 JUN -5 AM 11:53
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPIROX SAFETY PRODUCTS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P070000095789

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:

PHILIP JOSEPHSON

(Name of Person)

STERLING BUSINESS LAW

(Name of Firm/Company)

2665 S. BAYSHORE DRIVE, PH2B

(Address)

MIAMI, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

PHILIP JOSEPHSON at (305) 285*7970

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, PHILIP JOSEPHSON

(Name of Registered Agent)

hereby resigns as Registered Agent for SPIROX SAFETY PRODUCTS, INC.

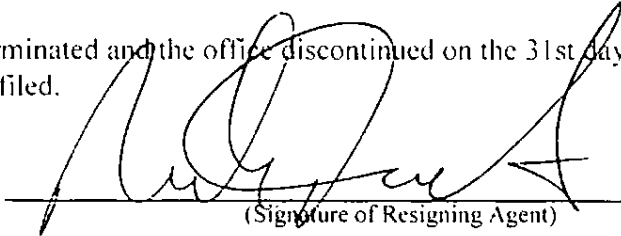
(Name of Corporation)

P070000095789

(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:

PHILIP JOSEPHSON

(Typed or Printed Name)

INDIVIDUAL

(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

2019 JUN -7 AM 10:56

FILED