

P07000110228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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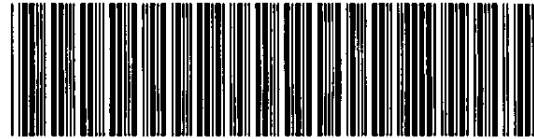
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2016 OCT -4 PM 2:06

OCT - 7 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GIA Foods Inc
(Name of Corporation)

DOCUMENT NUMBER: PO7000110228

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:

Pamela Lomba
(Name of Person)

The Porch (DBA)
(Name of Firm/Company)

85 SE 60th Ave (Physical address)
(Address)

Delray Beach, FL 33483
(City/State and Zip Code)

Mailing Address
145 Bloomfield Dr
West Palm Beach
FL 33405.

For further information concerning this matter, please call:

Pamela Lomba at (561) 607 8754
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 OCT -4 PM 2:06

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Pamela Lomba

(Name of Registered Agent)

hereby resigns as Registered Agent for

G. L. A. Foods Inc

(Name of Corporation)

PO7000110 228

(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.

Pamela Lomba

(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withdrawn corporation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**