

PO 5000022909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

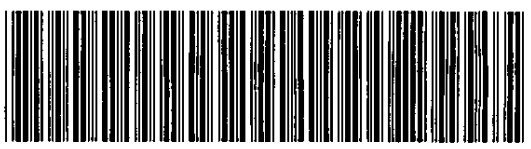
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
JUL 21 2015
TALLAHASSEE, FLORIDA

DIARES
JUL 22 2015
T. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRO-MAXI INTERNATIONAL DISTRIBUTORS, INC
(Name of Corporation)

DOCUMENT NUMBER: P08000022909

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:

LYSLEI CHIRICO

(Name of Person)

ELO ENTERPRISES, INC

(Name of Firm/Company)

4700 NW BOCA RATON BLVD STE 202

(Address)

BOCA RATON, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

LYSLEI CHIRICO at (561) 544-8862
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, ELO ENTERPRISES, INC

(Name of Registered Agent)

hereby resigns as Registered Agent for PRO-MAXI INTERNATIONAL DISTRIBUTORS, INC

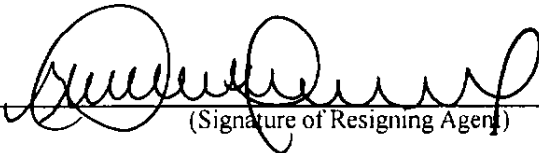
(Name of Corporation)

P08000022909

(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:

Lyslei Charico

(Typed or Printed Name)

President

(Capacity)

FILED
JUL 21 12 18 PM '09
TALLAHASSEE, FLORIDA

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