## P080000 29339

(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



800338949188

01/17/20--01012--026 \*\* 35.0E



FEB 1 7 2020 S. YOUNG

## COVER LETTER

FEDERAL EASTERN CORPORATION (Name of Corporation) DOCUMENT NUMBER: P08000029339 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: ERNESTO CRUZ (Name of Person) PARACORP INCORPORATED (Name of Firm/Company) PO BOX 160568 (Address) **SACRAMENTO CA 95833** (City/State and Zip Code) For further information concerning this matter, please call: ERNESTO CRUZ (Area Code & Daytime Telephone Number) (Name of Person) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section

Post Office Box 6327 Tallahassee, FL 32314

Division of Corporations

Street Address:

Amendment Section

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

TO:

Amendment Section Division of Corporations

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

.--.

Pursuant to the provisions of section	ns 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned.	PARACORP INCORPORATED	
	(Name of Registered Agent)	-
hereby resigns as Registered Agent	for FEDERAL EASTERN CORPORATION	1
merety resigns us registered regent	(Name of Corporation)	_
P08000029339		
(Document Number, if known)	<del></del>	
A copy of this resignation was maile	ed to the above listed corporation at its fast known address	i <b>.</b>
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after the date on which	
	7070 J.	-11
	(Signature of Resigning Agent)	-
If signing on behalf of an entity:	(Signature of Resigning Agent)  A  (Typed or Printed Name)	
JODY MOU	A STATE	ے ب
	(Typed or Printed Name)	<b>∞</b>
ASST. SECRETA	ARY FOR PARACORP INCORPORATED	
	(Capacity)	

<u>Fee for filing this document:</u> \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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