## P08000(39)[3

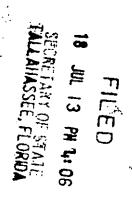
(F	Requestor's Name)
(A	Address)
(/	Address)
((	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(1)	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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JUL 1 6 2018 S. YOUNG

## **COVER LETTER**

Division of Corporations
SUBJECT: DAMICO AND THOMAS INVESTIGATIVE GROUP INC.
SUBJECT: DAMICO AND THOMAS INVESTIGATIVE GROUP INC. (Name of Corporation)  DOCUMENT NUMBER: PO8000063713
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:
RICHARD DAMICO (Name of Person)
(Name of Firm/Company)
1720 AVANT ST. (Address)
VAIRICO FL 33594 (City/State and Zip Code)
For further information concerning this matter, please call:
RicHARD DAMICO at (813) 843-4031 (Name of Person) (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation

oration or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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. RICHARD DAMICO
(Name of Registered Agent)
hereby resigns as Registered Agent for DAMICO ANTHOMAS LIVESTIGATIVE CROUP TWO (Name of Corporation)
POSCOOO 43713 (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 \$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