P080000 69608

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(<u>B</u> u	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SCHLIARY OF STAFF STYRION OF CHRISTIAN ST



COVER LETTER

Division of Corporations	
SUBJECT:	
(Name of Corporat	ion)
DOCUMENT NUMBER: P08000069608	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
Aristides Fernandez	
(Name of Person)	
Arimir Services Group LLC	
(Name of Firm/Company)	
1800 SW 1st St Ste 216	
(Address)	
Miami FL 33135	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Aristides Fernandez 786	522 3750)
	& 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	Arimir Services Group LLC	
	(Name of Registered Agent)	
hereby resigns as Registered Agen	Solution Electronics Corporation	
	(Name of Corporation)	
P08000069608		
(Document Number, if known)		
A copy of this resignation was mai	led to the above listed corporation at its last known address.	
The agency is terminated and the othis statement is filed.	office discontinued on the 31st day after the date on which	
din	(Signature of Resigning Agent)	34/110M
If signing on behalf of an entity:	25 P	TARY OF OF TURE
Aristides Fernandez	(Typed or Printed Name)	13. A.H.
	(Typed or Printed Name)	*
Manager Member		
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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