

P08000070581

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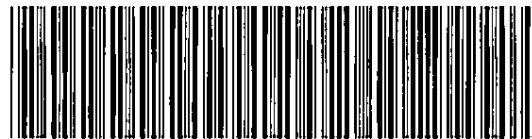
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DATE: 6/12/23

NAME: CHAVIS AND DEARNELL, INC.

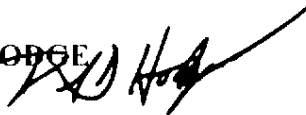
TYPE OF FILING: STATEMENT OF RESIGNATION OF REGISTERED
AGENT

COST: 87.50

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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHAVIS AND DEARNELL, INC.

(Name of Corporation)

DOCUMENT NUMBER: P08000070581

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:

Thomas Dearnell

(Name of Person)

CHAVIS AND DEARNELL, INC.

(Name of Firm/Company)

379 CHENEY HIGHWAY, #210

(Address)

TITUSVILLE, FL 32780

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, B&C CORPORATE SERVICES OF CENTRAL FLORIDA

(Name of Registered Agent)

hereby resigns as Registered Agent for CHAVIS AND DEARNELL, INC.

(Name of Corporation)

P08000070581

(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.

Janice Chasey

(Signature of Resigning Agent)

If signing on behalf of an entity:

Janice Chasey

(Typed or Printed Name)

Vice President

(Capacity)

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CLERK OF STATE
TALLAHASSEE, FL

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