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(Re	equestor's Name)	
. (Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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SECRETARY OF STATE FALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Weston Trading Impex Inc (Name of Corporation) DOCUMENT NUMBER: PO8 0000 91267
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:
Mr. Laszlo Szabo (Name of Person)
Weston Trading Impex Inc (Name of Firm/Company)
1277 Majes Ly Tear (Address)
Westou 7L 33327 (City/State and Zip Code)
For further information concerning this matter, please call:
14r. Las Lo Szabo at (984), 224, 0805 (Name of Person) at (984) 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 AGENTAN 20 FOR A CORPORATION SECRETARY SECRETARY

SECRETARY OF STATE
FALLAHASSEE FLORIDA
7.1509, or 617.1509.

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Mrs. LASZLONE SZABO
(Name of Registered Agent)
hereby resigns as Registered Agent for WESTON TRADING IMPEX IN CONTRADING IMPEX IMPEX IN CONTRADING IMPEX
<u>P08 0000 91267</u>
(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.
Hrs. James Gross (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)