# P08000099868

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)
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SECRETARY OF STAIL

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Law Offices of Sirota & Associates, P.A. (Name of Corporation)
DOCUMENT NUMBER: <u>P08 000099868</u>
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:
Mristin S. Barbagallo (Name of Person)
(Name of Firm/Company)
12095 NW 715t Street (Address)
Parkland TL 33076 (City/State and Zip Code)
For further information concerning this matter, please call:
Kristin S. Barbagallo at (954) 557-2623  (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 2022 FEB -2 PM 3: 19

SECRETARY OF STATE Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, fine:
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, (4.4)
Florida Statutes, the undersigned, <u>Hristin S. Barbagallo</u> (Name of Registered Agent)
hereby resigns as Registered Agent for Law Offices of Sirota 1 Associates, P. A (Name of Corporation)
P08000099868
(Document Number, it 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.
Kristin S. Barlagallo (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Constitution)
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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