P09000000143

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filina Officer:	
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Office Use Only



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Noignation of RA

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87.50



WR 10/18

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	DECT: G IS FOR GENTLEMEN, INC. (Name of Corporation)
DOG	· · · · · · · · · · · · · · · · · · ·
DOC	UMENT NUMBER: P0900000143
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
BAF	RTON S STROCK
	(Name of Person)
STR	ROCK & COHEN P.A.
	(Name of Firm/Company)
2900	0 GLADES CIRCLE SUITE 750
	(Address)
WES	STON FL 33327
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
BAR	TON S STROCK at (954) 659-2220 (Area Code & Daytime Telephone Number)
Enclo or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporatio 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amen Divisi Cliftor 2661	Mailing Address: Idment Section on of Corporations on Building Executive Center Circle lassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

FILED

RESIGNATION OF REGISTERED AGENT PM 4: 26 FOR A CORPORATION

SECRETARY OF STATE

IALLANADOL
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.4509, or 617.1509,
Florida Statutes, the undersigned, STROCK & COHEN, PA
(Name of Registered Agent)
hereby resigns as Registered Agent for GIS FOR GENTLEMEN, INC. (Name of Corporation)
P0900000143
(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:
BARTON S. STROCK
(Typed or Printed Name)
PRESIDENT
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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