

PO9 0000 10455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

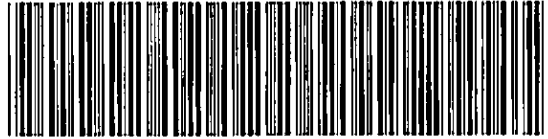
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400363233724

04/23/21--01014--024 **35.00

06/02/2021

JH

FILED
2021 APR 23 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FL



BARBARA M. PIZZOLATO, PA

ATTORNEY AT LAW

ESTATE PLANNING
TRUST ADMINISTRATION
PROBATE
BUSINESS PLANNING

BENJAMIN D. GRAY
Administrative Assistant

April 21, 2021

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

RE: B&T BUTZIN, INC./Statement of Resignation of Registered Agent for a Corporation

Dear Sir or Madam:

Enclosed herewith for filing please find Statement of Resignation of Registered Agent for a Corporation for the above-referenced Corporation together with this firm's check in the amount of \$35.00, which check represents payment of the required filing fee.

Should you have any questions or comments, please do not hesitate to contact me.

Very truly yours,

Benjamin D. Gray
Administrative Assistant
Enclosures (2)
cc: B&T Butzin, Inc.

BY APPOINTMENT ONLY

12751 New Brittany Blvd.
Suite 402
Fort Myers, FL 33907
P: 239-225-7911
F: 239-221-0279

Suite 240, One Suffolk Square
1601 Veterans Memorial Hwy
Islandia, NY 11749
P: 866-817-4713
F: 239-221-0279

c/o Richard A. Feldman, Esq.
80 Main Street, Suite 140
West Orange, NJ 07052
P: 866-817-4713
F: 239-221-0279

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B&T BUTZIN, INC.

(Name of Corporation)

DOCUMENT NUMBER: P09000010455

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:

BARBARA M. PIZZOLATO, ESQ.

(Name of Person)

BARBARA M. PIZZOLATO, PA

(Name of Firm/Company)

12751 NEW BRITTANY BLVD., STE 402

(Address)

FORT MYERS, FL 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA M. PIZZOLATO 239 255-7911
_____ 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,

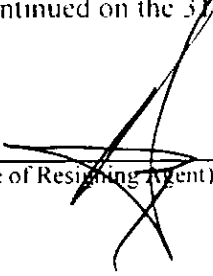
Florida Statutes, the undersigned, BARBARA M. PIZZOLATO, PA
(Name of Registered Agent)

hereby resigns as Registered Agent for B & T BUTZIN, INC.
(Name of Corporation)

P09000010455
(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:

BARBARA M. PIZZOLATO, PA
(Typed or Printed Name)

PRESIDENT
(Capacity)

FILED
2021 APR 23 AM 8:15
SECRETARY 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