

P09000034420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

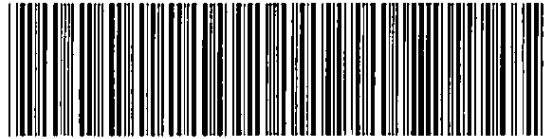
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600406832986

04/20/23--01018--007 **35.00

2023 APR 20 AM 11:35

Re Resignation

JUL 21 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANDRYWAVE INVESTMENTS INC
(Name of Corporation)

DOCUMENT NUMBER: P09000034420

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:

DAIRIS ESTRADA

(Name of Person)

PIEDRA & COMPANY CPA, PA

(Name of Firm/Company)

8950 SW 74 CT. STE 1606

(Address)

MIAMI, FLORIDA 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

DAIRIS ESTRADA

(Name of Person)

at (305) 671-0003

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2023 APR 20 AM 11:20

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, PIEDRA & COMPANY CPA, PA

(Name of Registered Agent)

hereby resigns as Registered Agent for ANDRYWAVE INVESTMENTS INC.

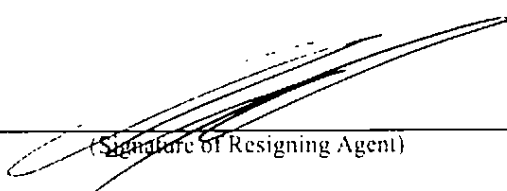
(Name of Corporation)

P09000034420

(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:

AURELIO A. PIEDRA

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

2023 APR 20 AM 11:33

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