

PO90000410742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 14 2018

T. LEMME

N. K. S. G. N

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EDGE & ASSOCIATES INC
(Name of Corporation)

DOCUMENT NUMBER: P09000040742

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:

LISA ZAHORIAN

(Name of Person)

TAX & FINANCIAL STRATEGISTS LLC

(Name of Firm/Company)

28089 VANDERBILT DR #201

(Address)

BONITA SPRINGS, FL 34134

(City/State and Zip Code)

For further information concerning this matter, please call:

LISA ZAHORIAN at **239 405-8395**
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, TAX & FINANCIAL STRATEGISTS LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for EDGE & ASSOCIATES INC

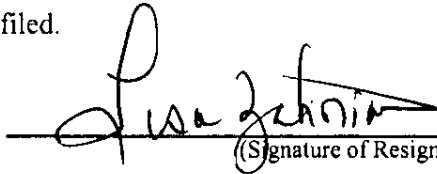
(Name of Corporation)

P09000040742

(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:

LISA ZAHORIAN

(Typed or Printed Name)

AUTHORIZED MEMBER

(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

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SECRETARY OF STATE
TALLAHASSEE, FL 32310