

PD9000054234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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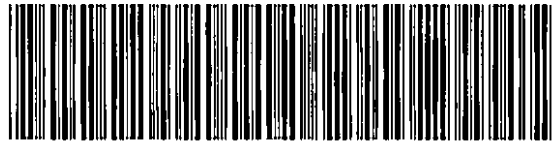
(Business Entity Name)

(Document Number)

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SECONI MO. OF STATE  
TALLAHASSEE, FLORIDA

AUG 07 2018

S. YOUNG

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: **BISCAYNE SERVICE STATION INC**

(Name of Corporation)

DOCUMENT NUMBER: **P09000054234**

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:

**ARISTIDES FERNANDEZ**

(Name of Person)

**ARISTIDES FERNANDEZ**

(Name of Firm/Company)

**1025 SW 30TH AVENUE 503**

(Address)

**MIAMI FL 33135**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ARISTIDES FERNANDEZ** at ( **305** ) **298 6579**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, FERNANDEZ ACCOUNTING & TAX SERVICES INC.  
(Name of Registered Agent)

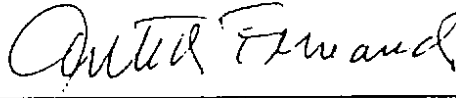
hereby resigns as Registered Agent for BISCAYNE SERVICE STATION INC  
(Name of Corporation)

P09000054234

(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:

ARISTIDES FERNANDEZ

(Typed or Printed Name)

PRESIDENT

(Capacity)

FILED  
18 AUG -6 PM 3:35  
TALLAHASSEE, FLORIDA

**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