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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CRS ORGANIZATION, INC.
(Name of Corporation) DOCUMENT NUMBER: P09000084960
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:
Jeffrey Kronengold
(Name of Person)
(Name of Firm/Company)
201 SE 12th Street, Suite 100
(Address)
Fort Lauderdale, FL 33316
(City/State and Zip Code)
For further information concerning this matter, please call:
Jeffrey Kronengold at 954 324-1718
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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), 61	7.0502(2), 607.1509, or 617.1509,
	ngold, Esquire
•	Name of Registered Agent) RGANIZATION, INC. (Name of Corporation)
D00000004060	(Name of Corporation)
P09000084960	
(Document Number, if known)	
A copy of this resignation was mailed to the above list	ed corporation at its last known address.
The agency is terminated and the office discontinued of this statement is filed. (Signature of Resignation of	
If signing on behalf of an entity:	
(Typed or Printed	Name)
(Capacity)	SECRET SALLATA
Fee for filing this docume \$87.50 - Active Corporation \$35.00 - Administratively d withdrawn corpora	nt: issolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314