

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6380

From:

Account Name : RASI
 Account Number : I20220000023
 Phone : (800)221-2972
 Fax Number : (917)243-5843

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT RESIGNATION
PARIS MAINTENANCE & MANAGEMENT SE CORP.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$87.50

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MAR 18 2022

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 TALLAHASSEE, FL

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 TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARIS MAINTENANCE & MANAGEMENT SE CORP.

(Name of Corporation)

DOCUMENT NUMBER: P10000011903

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:

TRACEE COTTON

(Name of Person)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

(Name of Firm/Company)

106 WALL STREET, SUITE 503

(Address)

NEW YORK, NY 10005

(City/State and Zip Code)

For further information concerning this matter, please call:

TRACEE COTTON

(Name of Person)

at (800) 221-2972 X1550
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for PARIS MAINTENANCE & MANAGEMENT SE CORP.

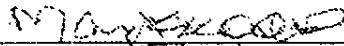
(Name of Corporation)

P10000011903

(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:

MARY BROOKS

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

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2022 MAR 15 PM 1:36
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