P10000014827

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ıment Number	,
Certified Copies	,	
Special Instructions to Fi	ling Officer	
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2022 JAN 28 PM 2:51 SECRETARY OF STATE TALLAHASSEF, FI

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ELECTRO, INC. ECT:	
	(Name of Corpora	tion)
DOCU	JMENT NUMBER: P10000014827	
The en	nclosed Resignation of Registered Agent for a Corpo	ration and fee are submitted for filing.
Please	return all correspondence concerning this matter to	the following:
MICHA	AEL A. BLANCO	
	(Name of Person)	_
МІСНА	MEL A. BLANCO CPA P.A. INC.	
	(Name of Firm/Company)	-
2525 PC	ONCE DE LEON BLVD SUITE 300	
	(Address)	-
CORAI	L GABLES FL 33134	
	(City/State and Zip Code)	_
For fu	rther information concerning this matter, please call:	
МІСНА		6152656
	(Name of Person) (Area Cod	e & Daytime Telephone Number)
For fu	(City/State and Zip Code) rther information concerning this matter, please call: MEL A. BLANCO 305	6152656 e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

,	18 607.0505(2), 617.0502(2), 607.1509 MICHAEL A. BLANCO	7, 01 017.1507.
lorida Statutes, the undersigned. (Name of Registered Agent)		
hereby resigns as Registered Agent	ELECTRO, INC.	
	(Name of Corporation)
P10000014827		
(Document Number, if known)		
A copy of this resignation was mail-	ed to the above listed corporation at its	ast known address.
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after	the date on which
If signing on behalf of an entity:		
	(Typed or Printed Name)	SECKETARY
		PH SSEE
	(Capacity)	2: 5

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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