

P10 0000042113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

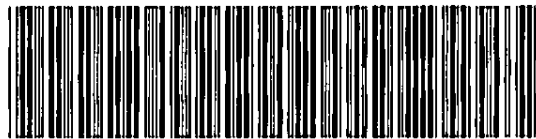
(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR - 1 2023

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12/05/22--01/17--009 --35.11

FILED
2022 DEC -5 PM 12:24
STOCK TAYLOR
TALLAHASSEE
FD

COVER LETTER

TO: Amendment Section
Division of Corporations

NOT MY DAUGHTER, FIND A CURE NOW! INC.

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: P10000042113 _____

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:

Denyse Hostig

(Name of Person)

Not My Daughter

(Name of Firm/Company)

5944 Coral Ridge Dr

(Address)

Coral Springs, FL 33076

(City/State and Zip Code)

For further information concerning this matter, please call:

Not My Daughter 954 819-8892

(Name of Person) at (_____) _____
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED
2022 DEC -5 PM 12:24
TALLAHASSEE, FL
SECRETARY OF STATE

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Denyse Hostig

(Name of Registered Agent)

NOT MY DAUGHTER, FIND A CURE NOW! INC.

hereby resigns as Registered Agent for

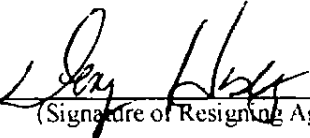
(Name of Corporation)

P10000042113

(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:

(Typed or Printed Name)

(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**