

P10000046224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

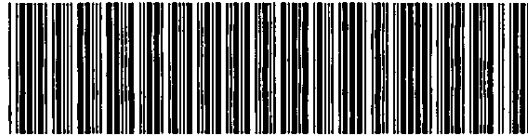
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800282224978

02/19/16--01009--010 \*\*25.00

03/22/16--01010--013 \*\*10.00

FILED  
16 MAR 15 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 17 2016  
D CUSHING



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2016

GIANCARLO ARRAZOLA  
12351 SW 97TH TERRACE  
MIAMI, FL 33186

SUBJECT: ARRAZOLA INVESTMENT CORPORATION  
Ref. Number: P10000046224

We have received your document for ARRAZOLA INVESTMENT CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form for a corporation resignation of registered agent. Please complete the attached form and we will need an additional \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 716A00003944

RECEIVED  
16 MAR 15 PM 1:46

**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, Giancarlo Arrazola

(Name of Registered Agent)

hereby resigns as Registered Agent for Arrazola Investment Corporation

(Name of Corporation)

P10000046224

(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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAR 15 PM 2:28

FILED

**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withdrawn corporation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**