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47750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

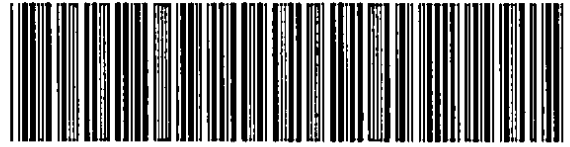
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*Resignation of
RA*

12/10/21--01024--018 **\$7.50

2021 DEC 10 PM 1:14
CLERK OF STATE
TALLAHASSEE, FL 32301

FILED

A. RAMSEY

DEC 27 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Commercial Diver Services N.A. Incorporated
(Name of Corporation)

DOCUMENT NUMBER: P10000047750

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:

Gustavo Andres Romero Monge
(Name of Person)

Commercial Diver Services N.A. Incorporated
(Name of Firm/Company)

2030 S Ocean Drive Apt 606
(Address)

Hallandale Beach, Florida 33009
(City/State and Zip Code)

For further information concerning this matter, please call:

Gustavo Romero at (954) 8062781
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

2021 DEC 10 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

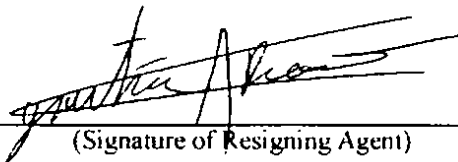
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Gustavo Andres Romero Monge
(Name of Registered Agent)

hereby resigns as Registered Agent for Commercial Diver Services NA Incorporated
(Name of Corporation)

P10000047750
(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