

PI 0000051187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

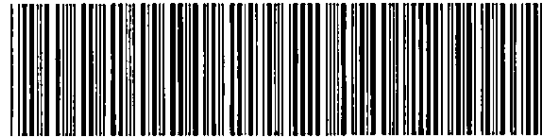
(Document Number)

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

Special Instructions to Filing Officer:

Administrative  
Dissolution Annual  
Report

Office Use Only



600402087326

2011-01-01 00:00:00

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SECURE-REP, INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000051187  
\_\_\_\_\_

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:

CARLA N CARRAI  
\_\_\_\_\_  
(Name of Person)

CNC CERTIFIED PUBLIC ACCOUNTANT  
\_\_\_\_\_  
(Name of Firm/Company)

3401 SW 160TH AVE SUITE 330  
\_\_\_\_\_  
(Address)

MIRAMAR, FL 33027  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLA N CARRAI at (305) 2793686  
\_\_\_\_\_  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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<sup>1</sup>  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, CNC CERTIFIED PUBLIC ACCOUNTANT

(Name of Registered Agent)

hereby resigns as Registered Agent for SECURE-REP, INC

(Name of Corporation)

P10000051187

(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:

CARLA N CARRAI

(Typed or Printed Name)

OWNER - CPA

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2023

CARLA N CARRAI  
3401 SW 160TH AVE  
SUITE 330  
MIRAMAR, FL 33027

SUBJECT: SECURE-REP. INC.  
Ref. Number: P10000051187

We have received your document for SECURE-REP. INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Secure-Rep. Inc is inactive and administrative dissolved for annual report. You must pay your annual report, before your Resignation of Registered Agent For A Corporation can be file.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 523A00009401