

P110000000596

(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



500289986025

09/09/16--01029--013 **87.50

16 SEP -9 AM 9:36
F. & M. STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS

SEP 19 2016
C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hedler & Hessen, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P11000000596

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:

Nicole Hessen

(Name of Person)

Law Offices of Nicole Hessen, P.A.

(Name of Firm/Company)

2001 Palm Beach Lakes Blvd., Suite 204

(Address)

West Palm Beach, FL 33409

(City/State and Zip Code)

For further information concerning this matter, please call:

Nicole Hessen at (**561**) **246-6666**
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
DIVISION OF CORPORATIONS
16 SEP -9 AM 9:39

**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, Thomas Hedler

(Name of Registered Agent)

hereby resigns as Registered Agent for Hedler & Hessen, P.A

(Name of Corporation)

P11000000596

(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:

Thomas Hedler

(Typed or Printed Name)

Registered Agent

(Capacity)

16 SEP - 9 AM 9:36
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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withdrawn corporation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**