

P11000022166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*Marion*  
T. LEMMON  
DEC 10 2014

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Innovative Casual Designs & Furniture, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000022166

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:

\_\_\_\_\_  
(Name of Person)

**RSV TAX & ACCOUNTING SERVICES, INC.**

\_\_\_\_\_  
(Name of Firm/Company)

**385 W 49TH STREET**

\_\_\_\_\_  
(Address)

**HIALEAH, FL 33012**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**JUAN REY**

\_\_\_\_\_  
(Name of Person)

at ( **305** ) **825 1770**

\_\_\_\_\_  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

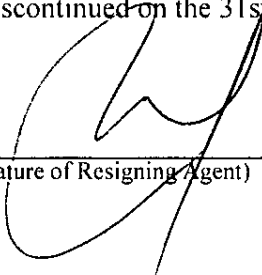
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, RSV TAX & ACCOUNTING SERVICES INC  
(Name of Registered Agent)  
hereby resigns as Registered Agent for INNOVATIVE CASUAL DESIGNS & FURNITURE INC  
(Name of Corporation)

P11000022166

(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 31<sup>st</sup> day after the date on which  
this statement is filed.

  
\_\_\_\_\_  
(Signature of Resigning Agent)

If signing on behalf of an entity:

JUAN REY

(Typed or Printed Name)

PRESIDENT

(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

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