

PII 000028820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

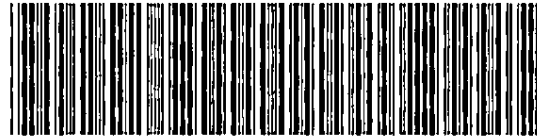
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*Resignation
of RA*

2021 OCT 26 AM 11:57
SECRETARY OF STATE
FILING SERVICES DIVISION

FILED

A. RAMSEY

NOV 05 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MPINT-USA, CORP.

(Name of Corporation)

DOCUMENT NUMBER: P11000028820

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:

Alvaro Castillo

(Name of Person)

Castillo & Associates

(Name of Firm/Company)

1390 Brickell Avenue Suite 200

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Alvaro Castillo at (305) 371-5540

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2021 OCT 26 AM 11:57

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, Alvaro Castillo B., PA

(Name of Registered Agent)

hereby resigns as Registered Agent for MPINT-USA, CORP.

(Name of Corporation)

P11000028820

(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]
(Signature of Resigning Agent)

If signing on behalf of an entity:

Alvaro Castillo, Alvaro Castillo B., PA

(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**