

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

: (800)221-2972

Fax Number

: (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: R. WHITE OCT O S TOW

REGISTERED AGENT RESIGNATION HARMICO INC.

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Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: HARMICO INC		

(Name of Corporation) DOCUMENT NUMBER: P11000031581

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:

TRACEE COTTON

(Name of Person)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

(Name of Firm/Company)

16 COURT ST 14TH FLOOR

(Address)

BROOKLYN, NY 11241

(City/State and Zip Code)

For further information concerning this matter, please call:

TRACEE COT

800 221-2972 X1550 (Area Code & Daytime Telephone Number)

(Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sect	ions 607.0502(2), 617.0502(2), 607.15(09, or 617.1509,	
Florida Statutes, the undersigned, BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.			
_	(Name of Registered A	gent)	
hereby resigns as Registered Ager	nt for HARMICO INC		
(Name of Corporation)		n)	
P11000031581			
(Document Number, if known)			
A copy of this resignation was ma	iled to the above listed corporation at it	s last known address.	
The agency is terminated and the othis statement is filed.	office discontinued on the 31st day afte	r the date on which	
Zena	(Signature of Resigning Agent)	SE 20	
If signing on behalf of an entity:		2018 OCT SECRETA TALLA	
ZEINA HAS	SSOUN	HAS	
-	(Typed or Printed Name)	SEP ₹ M	
ASSISTAN	T SECRETARY	7: 21 7: 21 7: 7: 7: 21	
- 	(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