P1100036104

(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



300320390803

11/05/16--01808--091 (**35.00

241 110V -5 P 2 25

AUSTRALIA (1) NOV 0 9 2018

M-esir

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Worldwide Providers	
(Name of Corporation	on)
DOCUMENT NUMBER: P11000036104	
The enclosed Resignation of Registered Agent for a Corporation	tion and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Elizabeth Reed	
(Name of Person)	
Worldwide Providers	
(Name of Firm/Company)	
285 Sevilla Ave	
(Address)	
Coral Gables, FL 33134 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Elizabeth Reed at (727	365-9774 & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

. . .

Pursuant to the provi				607.1509,	or 617.1509,	
Florida Statutes, the	undersigned.	Elizabeth R	leed			
			(Name of Reg			
hereby resigns as Re	aistered Agent	Gor World	dwide Pro	ovider	s, Inc.	
neredy resigns as ite	gistered Agent		(Name of C	orporation)		
P11000036	104					
(Document Num						
A copy of this resign	ation was mai	led to the abov	e listed corpora	tion at its la	ast known add	iress.
The agency is terming this statement is filed. If signing on behalf of	e Cin	bett	ued on the 31st	day after th	ne date on whi	eh
		(Typed or Pr	rinted Name)		_ _	
		(Cap	acity)		2941 NOV -5	77
	\$87.50 -	filing this doc - Active Corpo - Administrativ		oluntarily c	To the second se	11 10

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation