## P11000072552

(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



500416347215

05/28/23--01024--003 \*\*35.00

PILED
2029 SEP 26 PM 2: 15

## **COVER LETTER**

	rendment Section Vision of Corporations
SUBJECT	NACL, INC
	(Name of Corporation)
DOCUME	ENT NUMBER: P11000072552
The enclose	sed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
MANE	PREET KAUR
	(Name of Person)
PARA	ACORP INCORPORATED
	(Name of Firm/Company)
PO Bo	OX 160568
	(Address)
SACR	RAMENTO CA 95833
	(City/State and Zip Code)
For further	information concerning this matter, please call:
MANF	PREET KAUR at (800 ) 533.7272
	(Name of Person) (Area Code & Daytime Telephone Number)

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. PARACORP INCORPORATED		
(Name of Registered Agent)		
hereby resigns as Registered Agent for NACL, INC		
(Name of Corporation)		
P11000072552		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known address.	ess.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	h	
(Signature of Resigning Agent)		
If signing on behalf of an entity:		
ABIGALE PETERSON	<u> </u>	
(Typed or Printed Name)	TIL FIL	
ASST. SECRETARY FOR PARACORP INCORPORATED	7 26 7 26	
(Capacity)  FIGURE CONTROL CON	PH 2: 15	
Fee for filing this document: \$87.50 - Active Corporation		
\$35.00 - Administratively dissolved/voluntarily dissolved/		

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

withdrawn corporation