

P.11 000084946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

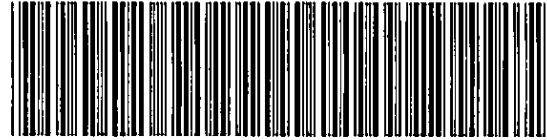
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900372155499

09/02/21--01025--006 **35.00

2022 SEP -2 PM 5:42

SEP 02

R.A. / RES

SEP 13 2021

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ECREDENTIALS INC.
(Name of Corporation)

DOCUMENT NUMBER: P11000084946

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:

PHILIP JOSEPHSON

(Name of Person)

STERLING BUSINESS LAW

(Name of Firm/Company)

3250 GRAND AVENUE, SUITE 202

(Address)

MIAMI, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

PHILIP JOSEPHSON at (305) 2857970
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, STERLING BUSINESS LAW

(Name of Registered Agent)

hereby resigns as Registered Agent for ECREDENTIALS INC.

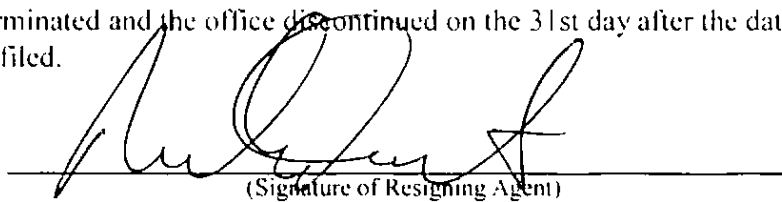
(Name of Corporation)

P11000084946

(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 of Resigning Agent)

If signing on behalf of an entity:

PHILIP JOSEPHSON

(Typed or Printed Name)

PRESIDENT

(Capacity)

2022 SEP - 2 PM 5:42

2022 SEP - 2 PM 5:42

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