

P1100086196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

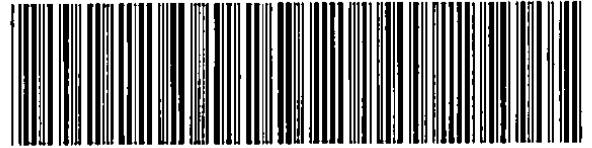
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Walk In \$35.00

Office Use Only



900334007319

900334007319
09/04/19--01013--016 **275.00
35.00

S TALIF
SEP 05 2019

19 SEP -4 PM 13:56

FILED
2019 SEP -4 AM 9:49
SEP 04 2019
FILING OFFICE
TALLAHASSEE, FL

R1A-foreign

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

CICLON CORP.

PLEASE RETURN A STAMPED COPY

CK# 8336 FOR: \$275.00 (\$35.00 for this filing)

THANK YOU!

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

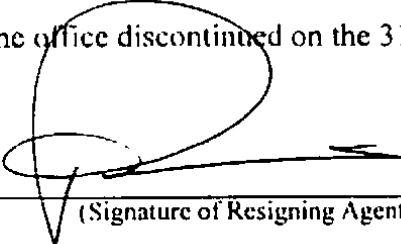
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ATRIUM REGISTERED AGENTS, INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for CICLON CORP.
(Name of Corporation)

P11000086196
(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:

RALPH A. NARDI
(Typed or Printed Name)

VICE PRESIDENT, DIRECTOR
(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withdrawn corporation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

SECRET
FALL 2019
FALL 2019
FALL 2019

2019 SEP -4 AM 9:49

FILED