

PI2000000307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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Resignation  
to RA

01/11/16--01028--020 \*\*87.50

FILED  
16 JAN 11 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 13 2016  
A RAMSEY

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **PRAXIS BUSINESS CORPORATION**  
(Name of Corporation)

DOCUMENT NUMBER: **P12000000307**

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:

**SIMONE PALMA**

(Name of Person)

**AMERICA EXPERT LLC**

(Name of Firm/Company)

**409 NW 10TH TER**

(Address)

**HALLANDALE BEACH, FL 33009**

(City/State and Zip Code)

For further information concerning this matter, please call:

**SIMONE PALMA**

(Name of Person)

at **305 824-9100**

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

**FILED**

16 JAN 11 PM 3:34

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1609, **SECRETARY OF STATE**  
Florida Statutes, the undersigned, AMERICA EXPERT LLC **TALLAHASSEE, FLORIDA**  
(Name of Registered Agent)

hereby resigns as Registered Agent for PRAXIS BUSINESS CORPORATION  
(Name of Corporation)

P12000000307

(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:

SIMONE PALMA

(Typed or Printed Name)

REGISTERED AGENT

(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withdrawn corporation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**