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COVER LETTER

TO: Amendment Section **Division of Corporations** LINDA PETROSKY, P.A. (Name of Corporation) P12000084619 **DOCUMENT NUMBER:** 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: ROBIN MOLT (Name of Person) CORPORATION SERVICE COMPANY (Name of Firm/Company) **80 STATE STREET** (Address) ALBANY NY 12207 (City/State and Zip Code) For further information concerning this matter, please call: ROBIN MOLT (Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15	509,
Florida Statutes, the undersigned, CORPORATION SERIVCE COMPANY	,
(Name of Registered Agent)	
hereby resigns as Registered Agent for LINDA PETROSKY, P.A.	
(Name of Corporation)	
P12000084619	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	n address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	n which
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
ROBIN MOLT	
(Typed or Printed Name)	NEW JUL 24
ASST SECRETARY	नेक ही
(Capacity)	
	9.
	@ ''' -

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withdrawn corporation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