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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

<u>Lij</u>

1.1.1

## REGISTERED AGENT RESIGNATION **BURNSOFFROAD, INC**

Certificate of Status	0
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JUL 0 7 2022

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the	e provisions of sections 607.0503(2), 617.0502(2), 607.150	9, or 617.1509,	
Florida Statute	es, the undersigned, NORTHWEST REGISTERED AGENT LLC		
i iorida Statut	(Name of Registered Agent)		
harabu racione	as Pagistared Apart for BURNSOFFROAD, INC		
neredy resigns	reby resigns as Registered Agent for (Name of Corporation)		
61200	00101523		
	nent Number, if known)		
A copy of this	resignation was mailed to the above listed corporation at it	s last known address.	
The agency is this statement	terminated and the office discontinued on the 31st day after is filed.	the date on which	
	(Signature of Resigning Agent)		
If signing on b	ochalf of an entity:	00	
	Tom Glover		
	(Typed or Printed Name)	— မ ယ ဟ	
	Assistant Secretary		
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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