P12000 101792

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 JAH - 3 PH 6: 11

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3/14/2023

COVER LETTER

	(Name of Person)	(Area Co	de & Daytime Telephone Number)
Brandy	O'Dell	435 at (586-9366
For fu	rther information concerning this ma	itter, please cal	1:
	(City/State and Zip Code)		_
Cedar	City, UT 84720		
	(Address)		
1883 V	V Royal Hunte Dr., Suite 200		
	(Name of Firin/Company)		_
KKOS	Lawyers		
	(Name of Person)	· • · · · •	
Brandy	O'Dell		
Please	return all correspondence concerning	ig this matter to	the following:
The en	nclosed Resignation of Registered Ag	gent for a Corp	oration and fee are submitted for filing.
DOCU	JMENT NUMBER: P12000101792		
	((Name of Corpo	ration)
SUBJ	Ideal Investments and Associates Inc		
TO:	Amendment Section Division of Corporations		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 of	607.0503(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned, Reg	istered Agent Solutions, Inc.		
Tiorida Statutes, the undersigned,	(Name of Registered Agent)		
hereby resigns as Registered Agent for	Ideal Investments and Associates Inc.		
netery resigns as Registered Agent for	(Name of Corporation)		
P12000101792			
(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 offic this statement is filed.	e discontinued on the 31st day after the date on which		
	A 1 20 20 20 20 20 20 20 20 20 20 20 20 20		
(5	Signature of Resigning Agent)		
If signing on behalf of an entity:	Signature of Resigning Agent) All JAH -3 PH 6: (Typed or Printed Name)		
Adam Saldana			
	(Typed or Printed Name)		
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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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