## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone : (800)221-2972

Fax Number : (888) 692-9256

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

## REGISTERED AGENT RESIGNATION VIC COMPOSTI CONSULTING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

## **COVER LETTER**

	Amendment Section Division of Corporations
SUBJE	
	(Name of Corporation)
DOCU	MENT NUMBER: P13000011403
The end	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
Car	ol Panchana
	(Name of Person)
Blum	bergExcelsior Corporate Services Inc.
<del></del> -	(Name of Firm/Company)
16 (	Court St 14th FL
	(Address)
Bro	oklyn, NY 11241
	(City/State and Zip Code)
For furt	ther information concerning this matter, please call:
	at (
	(Name of Person) (Area Code & Daytime Telephone Number)

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

#182 P.003/039

FILED

2014 NOV -7 PM 12: 16

RESIGNATION OF REGISTERED AGENTLI AHASSEE, FLORIDA
FOR A CORPODATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. (Name of Registered Agent)

hereby resigns as Registered Agent for VIC COMPOSTI CONSULTING, INC.

(Name of Corporation)

## P13000011403

(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.

If signing on behalf of an entity:

Jose Mojica

(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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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