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PICK-U	P WAIT MAIL
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TO:

Amendment Section Division of Corporations

SUBJECT: RADIOCOM SOLUTIONS INC

(Name of Corporation)

DOCUMENT NUMBER: P13000012628

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:

CINDY CEBALLOS, CPA

(Name of Person)

CEBALLOS CEBALLOS BESTULICH & PADRON

(Name of Firm/Company)

890 SOUTH DIXIE HIGHWAY

(Address)

CORAL GABLES, FL 33146

(City/State and Zip Code)

For further information concerning this matter, please call:

CINDY CEBALLOS, CPA at (305)381-0825 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

<u>Street Address:</u> 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



March 21, 2017

CINDY CEBALLOS 890 SOUTH DIXIE HWY COAL GABLES, FL 33146

SUBJECT: RADIOCOM SOLUTIONS INC.

Ref. Number: P13000012628

We have received your document for RADIOCOM SOLUTIONS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The resigning registered agent must sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 517A00005390

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Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CEBALLOS, CINDY CPA
(Name of Registered Agent)
hereby resigns as Registered Agent for RADIOCOM SOLUTIONS INC
(Name of Corporation)
P13000012628
(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:
(Typed or Printed Name)
(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