## P13000012896

(Re	equestor's Name)	_
(Ad	dress)	<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
_	<u> </u>	<u> </u>
(5)		
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	<u> </u>
Certified Copies Certificates of Status		of Status
Special Instructions to	Filing Officer	
Special instructions to	Timing Officer.	





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SECRETARY OF STAIL

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Cloud Wireless Inc
(Name of Corporation)  DOCUMENT NUMBER: P13000012896
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:
Cece Friskey
(Name of Person)
Cloud Wireless Inc
(Name of Firm/Company)
5548 E. Tenison St.
(Address)
Inverness, Florida 34452
(City/State and Zip Code)
For further information concerning this matter, please call:
Cece Friskey  (Name of Person)  at (772 ) 370-7148  (Area Code & Daytime Telephone Number)
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
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 617.1509,
Florida Statutes, the undersigned, Cece Friskey
(Name of Registered Agent)
hereby resigns as Registered Agent for Cloud Wireless Inc
(Name of Corporation)
P13000012896
(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this document:  \$87.50 - Active Corporation  \$35.00 - Administratively dissolved/voluntarily dissolved/Provided withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314