

P13000027326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2018 OCT 23 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FL

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RQS

R. WHITE  
OCT 31 2018

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WASTED DAISIES COMPANY  
(Name of Corporation)

**DOCUMENT NUMBER:** P13000027326

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MITCHELL KATZ CPA

(Name of Person)

FREUND KATZ GOLDSTON YOUNG CO PA

(Name of Firm/Company)

210 N UNIVERSITY DR STE 302

(Address)

CORAL SPRINGS FL 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

MITCHELL KATZ at ( 954 ) 345-8666

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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, ROSEMARY MENCIA

(Name of Registered Agent)

hereby resigns as Registered Agent for WASTED DAISIES COMPANY

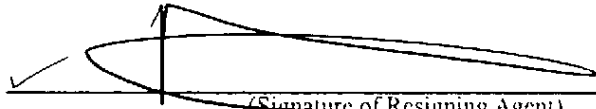
(Name of Corporation)

P13000027326

(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:

✓ ROSEMARY MENCIA  
\_\_\_\_\_  
(Typed or Printed Name)

✓ President  
\_\_\_\_\_  
(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FL

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**FILED**

**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