P13 U000 30364

(Requestor's Name)					
(Address)					
- (Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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SPR 0 8 2021 S. YOUNG

COVER LETTER

	(Name of Person)	(Area C	ode & Daytime Telephone Number)
CINDY	KOVACS	310 at (651-4605 ode & Daytime Telephone Number)
For furt	ther information concerning this n	natter, please ca	II:
	(City/State and Zip Code	e)	
MIAMI	BEACH FL 33141		
	(Address)		
5101 CO	DLLINS AVENUE APT 9G		
	(Name of Firm/Compan	у)	
CINDY	TAYLOR INC.		
	(Name of Person)	<u> </u>	
CINDY	KOVACS		
Please i	return all correspondence concern	ning this matter t	to the following:
The end	closed Resignation of Registered	Agent for a Corp	poration and fee are submitted for
DOCU	MENT NUMBER: P13000030364		
		(Name of Corpo	oration)
SUBJE	CINDY TAYLOR INC.		
	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 pro	ovisions of sections	s 607.0503(2), 617.0502(2), 607.1509, or 6	17.1509,		
Florida Statutes, the undersigned, MARY LEE MILLER EA LLC					
(Name of Registered Agent)			Ī		
hereby resigns as I	Registered Agent fo	CINDY TAYLOR INC.	1		
nereoy resigns as i	registered Agent to	(Name of Corporation)			
P13000030364					
(Document N	lumber, if known)				
A copy of this resi	gnation was mailed	I to the above listed corporation at its last k	nown address.		
The agency is tern this statement is fi		ce discontinued on the 31st day after the da	te on which		
If signing on beha	f of an entity:	(Signature of Resigning Agent)	2021 FEB 16		
-		(Typed or Printed Name)			
<u> </u>	AANAGING MEMBE	ER	7:31		
_		(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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