

FAX No. 407-647-5396

P. 001

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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

: CPLS, P.A. Account Number : I20030000109

Phone

Fax Number

(407) 647-7887 : (407)647-5396

**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 NAT PAPER USA, INC.

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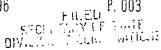
COVER LETTER

SUBJECT: NAT PAPER USA, IN	f Corporation)
DOCUMENT NUMBER: P13000051660	
The enclosed Resignation of Registered Agent for	a Corporation and fee are submitted for filing
Please return all correspondence concerning this n	natter to the following:
Tee Persad	
(Name of Person)	
CPLS, P.A.	·
(Name of Firm/Company)	
201 E. Pine Street, Ste 445	
(Address)	
Orlando, FL 32801	
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
Tee Persad	107 ,647.7887
(Name of Person)	Area Code & Daytime Telephone Number)

on or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



16 FEB -3 AM 8: 19

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, CPLS, P.A
(Name of Registered Agent)
hereby resigns as Registered Agent for NAT PAPER USA, INC
(Name of Corporation)
P13000051660
(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.
TISBERT OF THE SECOND AGENT)
If signing on behalf of an entity:
TEE PERSON
(Typed or Printed Name)
PRESIDENT
(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