

P130000 55987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

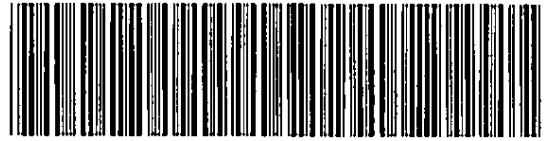
(Business Entity Name)

(Document Number)

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APR 10 2019

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S TALLENT

RIN-Resign



Kissimmee
20 S. Rose Avenue
Suite 4
Kissimmee, FL 34741

Tampa
2201 N. West Shore Blvd.
Suite 200
Tampa, FL 33607

Winter Park
7457 Aloma Avenue
Suite 201
Winter Park, FL 32792

Via US Postal Mail

March 27, 2019

Florida Department of State
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314-6800

Re: Matter: Termination of Registered Agent
Subject: Soninotna Franchise Corp
File No: C-1305-9001
Doc No: P13000055987

To Whom It May Concern:

Enclosed is one (1) document for a Resignation of Registered Agent

We have enclosed one Check No. 1835 in the amount of \$87.50, and a self-addressed envelope for the return of the documents.

Please do not hesitate to contact us at (407) 775-2727 if you have any questions.

Thank you for your prompt attention to this matter.

Regards,

Patricio Solano
Legal Assistant

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Soninotna Franchise Corp
(Name of Corporation)

DOCUMENT NUMBER: P13000055987

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:

Dominga Morales Sanchez

(Name of Person)

Soninotna Franchise Corp

(Name of Firm/Company)

365 Deer Ridge Circle

(Address)

Havana, FL 32333

(City/State and Zip Code)

For further information concerning this matter, please call:

Dominga Morales Sanchez at (787) 398-2944

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Carmona Law, P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for Soninotna Franchise Corp

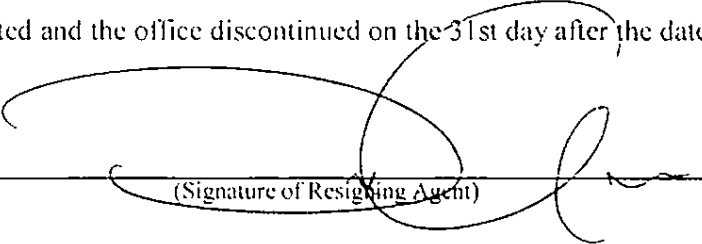
(Name of Corporation)

P13000055987

(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:

OMAR CARMONA

(Typed or Printed Name)

MANAGING PARTNER

(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

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19 APR - 1 PM 12:47
TALLAHASSEE, FL