# P130000064148

(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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#### **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	Maria Dill Inc.  JECT:(Name of Corporati	on)
	,	01.7
DOC	UMENT NUMBER: P13000064148	
The e	enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the	ne following:
Scott .	A. Smothers	
	(Name of Person)	
Smoth	hers Law Firm, P.A.	
	(Name of Firm/Company)	•
523 W	Vekiva Commons Cir	
	(Address)	•
Apop	ka, FL 32712	
	(City/State and Zip Code)	
For fi	arther information concerning this matter, please call:	
Scott	Smothers 407	814-3900
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### 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 607.0503(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, tl	be understaned Smothers Law Firm, P.A.	
i iorida Statutes, ti		
horoby rocieme as I	Registered Agent for	
nercoy resigns as i	(Name of Corporation)	
P13000064148		
(Document N	Number, if known)	
A copy of this resi	ignation was mailed to the above listed corporation at its last kno	own address.
The agency is term this statement is fi	ninated and the office discontinued on the 31st day after the date iled.	on which
_	(Signature of Resigning Agent)	
If signing on beha	If of an entity:	
	Smothers Law Firm, P.A.	
-	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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