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TRANSMITTAL LETTER

(Name of Firm/Company)

9124 GRIFFIN ROAD

(Address)

COOPER CITY FL 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

LORENE SEELER YOUNG at (954 585-3967 (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

Amendment Section

Division of Corporations

TO:

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

507.0503(2), 617.0502(2), 607.1509, or 617.1509	١.
RLINE HILL	
(Name of Registered Agent)	
VIEWMAX PROPERTY MANAGEMENT, INC.	
(Name of Corporation)	
_	
to the above listed corporation at its last known a	iddress.
e discontinued on the 31st day after the date on w	vhich
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ignature of Resigning Agent)	3
	France 2
	· ./3
(Typed or Printed Name)	
	7
	J.,
(Canaci'y)	
	(Name of Registered Agent) VIEWMAX PROPERTY MANAGEMENT, INC. (Name of Corporation) o the above listed corporation at its last known as discontinued on the 31st day after the date on we see East Corporation (Name of Resigning Agent)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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