

P14000024409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

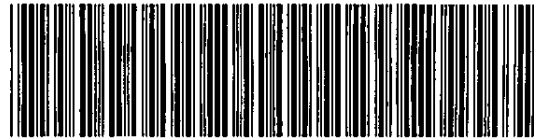
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800291359128

800291359128
11/04/16--01023--027 **35.00

2016 NOV -4 AM 5:22
C. CARROLL

NOV 07 2016

C. CARROLL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ZIBA ORGANIC CACAO, INC

(Name of Corporation)

DOCUMENT NUMBER: P14000024409

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:

MARSHA SIHA

(Name of Person)

INCFILE.COM

(Name of Firm/Company)

17350 STATE HWY 249 SUITE 220

(Address)

HOUSTON TX 77064

(City/State and Zip Code)

For further information concerning this matter, please call:

MARSHA SIHA 888 462-3453

(Name of Person) at ()
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, LEGALINC CORPORATE SERVICES INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for ZIBA ORGANIC CACAO, INC

(Name of Corporation)

P14000024409

(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.

Marsha Dasch

(Signature of Resigning Agent)

If signing on behalf of an entity:

Marsha Dasch

(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 withdrawn corporation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

2016 NOV -4 AM 6:00