(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(,	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

(Name of Person) (Area Code & Daytime Telephone N	umber)
EVAN COHEN 305 498-9612 at ()	
For further information concerning this matter, please call:	
(City/State and Zip Code)	
Miami, Florida 33186	
(Address)	
12855 SW 110TH Terrace	
(Name of Firm/Company)	
REEL PRINT and PROMO INC	
(Name of Person)	
EVAN COHEN	
Please return all correspondence concerning this matter to the following:	
The enclosed Resignation of Registered Agent for a Corporation and fee are subm	itted for filing.
DOCUMENT NUMBER: P14000033388	
(Name of Corporation)	
SUBJECT:	
Division of Corporations	
IO: Amendment Section	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, EVAN COHEN
(Name of Registered Agent)
hereby resigns as Registered Agent for REEL PRINT and PROMO Inc
(Name of Corporation)
P14000033388
(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: Reel Print and Print Evan Core (Typed or Printed Name)
Agent (Capacity)

Fee for filing this document: \$87.50 - Active Corporation

\$35.00 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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