## P14000044186

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		





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FILE OF SECUL TARY OF SHATE OF CORPORATION

C.L.27-15

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** Resignation of Registered Agent (Name of Corporation) **DOCUMENT NUMBER:** P14000044186 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: Manuel Sanchez (Name of Person) Sanchez and Padron Associates INC (Name of Firm/Company) 953 17 TH ST (Address) Vero Beach FL 32960 (City/State and Zip Code) For further information concerning this matter, please call: Francis Marquez

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

(Area Code & Daytime Telephone Number)

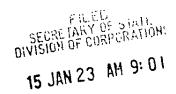
<u>Street Address:</u> Amendment Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Name of Person)

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, MANUEL SANCHEZ - Sanchez And (Name of Registered Agent)
hereby resigns as Registered Agent for M&M Drywall INC  (Name of Cornoration)
(Name of Corporation)
P14000044186
(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:
(Typed or Printed Name)
Mars (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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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