P1400004890a

(F	Requestor's Name)	
<u> </u>	Address)	
4)	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Document Number)	
Certified Copies	Certificates of S	tatus
Special Instructions t	o Filing Officer:	
	J. HORNE JUL 29 2022	
	JUL 10 2020	

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D.VISHANDSSEE FLORIDA TALLAHASSEE FLORIDA

COVER LETTER

Division of Corporations		
SUBJECT: Emergency loof Lesfonse IN (Name of Corporation)		
DOCUMENT NUMBER: 7140000 4890Z		
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:		
Adrian Madelow Esq. (Name of Person)		
Sword & Shield LL (Name of Firm/Company)		
1437 Hallet ST (Address)		
Tallahasse FL 32312 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (850) 815 0256 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2022 JUL 28 AM 10: 01

SECRETARY OF STATE TALLAHASSEE, FLORE

IALLAHASSILI, I
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned. Redro H. Comer III
(Name of Registered Agent)
hereby resigns as Registered Agent for <u>Emergency loof lesfonse IN</u> ((Name of Corporation)
P1400048902 (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:
Pedro H. bowlz III (Typed or Printed Name)
fegistated Agant (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

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