# P14 000061167

- (Requestor's Name)
(Address)
<b>,</b>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(====,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

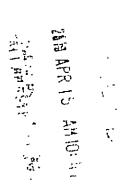
Office Use Only



800327523988

84/16/19--01005--017 \*\*67.50

RECEIVED





### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: GMOFORIS Corporation

(Name of Corporation)

DOCUMENT NUMBER: P14000051167

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:

## **Bart Houston**

(Name of Person)

The Houston Firm, P.A.

(Name of Firm/Company)

1401 E. BROWARD BLVD., STE #201

(Address)

FT. LAUDERDALE, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

**DEBBIE SCHENA** 

,954 \,900-2615

(Name of Person)

(Area Code & Daytime Telephone Number)

TO THE OWNER OF THE OWNER OWNER OF THE OWNER O

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Registered Agent)

(Name of Corporation)

P14000051167

(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:

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)