91400060713

| (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: | | | | | | |
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Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM: Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 1/30/2020

850-245-6051

PRIORITY Routine

OUR REF # (Order ID#) None

SOAP STORIES TAMPA BAY INC.

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SOAP STORIES TAMPA BAY INC.

Please file the attached statement of resignation.

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, December 31st, 2019 Page 1 of 1

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, INCORPORATING SERVICES, LTD. (Name of Registered Agent) | | | | | | | |
|--|---|----------------------|-------|--|--|--|--|
| | | | | | | | |
| (Name of Corporation) | | | | | | | |
| P14000060713 | | | | | | | |
| (Document Number, if known) | | | | | | | |
| A copy of this resignation was mailed to the above listed corporation at its last kno | wn addre | ≳ss. | | | | | |
| The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. | on which | 1 | | | | | |
| (Signature of Resigning Agent) | <u> </u> | 202 | | | | | |
| If signing on behalf of an entity: | | 2020 J <i>i</i> il 3 | *** * | | | | |
| Amanda Archambault | <u>.</u> | 130 | : | | | | |
| (Typed or Printed Name) | · · · · · · · · · · · · · · · · · · · | Ē: | : | | | | |
| Assistant Secretary | = ===================================== | : t . x 9 | سب | | | | |
| (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