# P14000065976

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





100417127031

resignation of



A. RAMSEY OCT 25, 2023

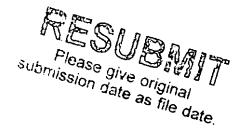


October 20, 2023

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: NIZNIK LAB CORP Ref. Number: P14000065976



We have received your document for NIZNIK LAB CORP and the authorization to debit your account in the amount of \$85.00. However, the document has not been filed and is being returned for the following:

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 323A00024443



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 065591 8323810
AUTHORIZATION: Spelle Common
COST LIMIT : \$ 85.00 \$7.50
ORDER DATE : October 13, 2023
ORDER TIME : 2:17 PM
ORDER NO. : 065591-105
CUSTOMER NO: 8323810
CHANGE OF AGENT
NAME: NIZNIK LAB CORP
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker EXT#
EXAMINER:

#### **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	Niznik Lab Corp
	(Name of Corporation)
DOC	JMENT NUMBER: P14000065976
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
RESIG	NATION DEPARTMENT
	(Name of Person)
CORP	ORATION SERVICE COMPANY
	(Name of Firm/Company)
251 L1	ITLE FALLS DRIVE
	(Address)
WILM	INGTON, DE 19808
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
RESIG	NATION DEPARTMENT 800 927-9801 at ( )
	(Name of Person) (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

FILEU

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2023 OCT 13 AM 9: 05

	771 - 2747.Y 731 - 3747.Y
	e provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statute	es, the undersigned. CORPORATION SERVICE COMPANY
	(Name of Registered Agent)
hereby resigns	as Registered Agent for Niznik Lab Corp
, .	(Name of Corporation)
P14000065976	
(Docum	ent Number, if known)
	resignation was mailed to the above listed corporation at its last known address.  terminated and the office discontinued on the 31st day after the date on which is filed.  Wilad-Sinnson, ANP
	(Signature of Resigning Agent)
If signing on b	ehalf of an entity:
	BY ALEXXIS WEILAND-SORENSON
	(Typed or Printed Name)
	ASSISTANT VICE PRESIDENT
	(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