

P1110000072405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

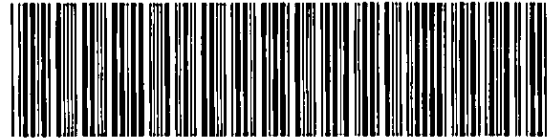
(Business Entity Name)

(Document Number)

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R. WHITE  
DEC 13 2018

**FILED**  
2018 DEC -7 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA PROPANE CORP.

(Name of Corporation)

**DOCUMENT NUMBER:** P14000072405

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:

ALEXIS GONZALEZ

(Name of Person)

LAW OFFICE OF ALEXIS GONZALEZ, P.A.

(Name of Firm/Company)

3162 Commodore Plaza, Suite 3E

(Address)

COCONUT GROVE, FL

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXIS GONZALEZ at ( 305 ) 223-9999

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

FILED

2018 DEC -7 PM 4:36

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, and 617.1509, of the  
Florida Statutes, the undersigned, THE LAW OFFICE OF ALEXIS GONZALEZ, OF STATE  
TALLAHASSEE, FL  
(Name of Registered Agent)

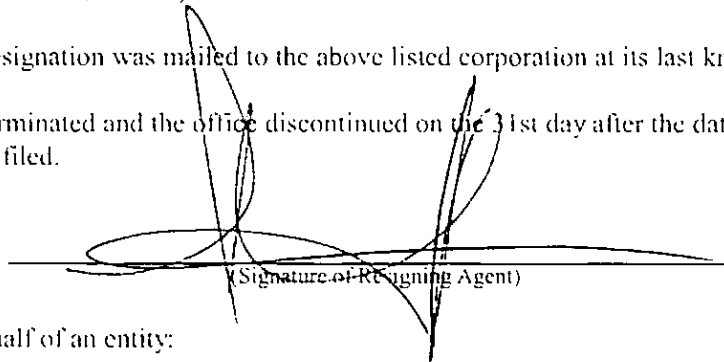
hereby resigns as Registered Agent for FLORIDA PROPANE CORP.  
(Name of Corporation)

P14000072405

(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)

\_\_\_\_\_  
(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