# 1915000000078

(Re	questor's Name)		
(Ade	dress)		
(Adı	dress)		
(-32-	,		
(City	y/State/Zip/Phone	e #)	
	<b>—</b>	<b>—</b>	
☐ SICK-NS	☐ WAIT	MAIL	
(Bus	siness Entity Nar	ne)	
(Do.	cument Number)		
(20)	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to I			
Special Instructions to Filing Officer:			

Office Use Only



500447781865

04/02/25--01007--007 \*\*87.50

2025 APR - 2 AM 9: 24 SECRELADY SESTATE

c/ 5/15/2045

#### **COVER LETTER**

_	(Name of Person)	(Area	a Code & Daytime Telephone Numb	oer)
Frank '	W. Goddard	727 at (	249-0868 )	
For fu	rther information concerning this mat	tter, please	call:	
	(City/State and Zip Code)	-		
Largo.	FL 33774			
	(Address)	·		
12800	Indian Rocks Road			
	(Name of Firm/Company)		<del></del>	
Godda	rd Law Firm, P.A.			
	(Name of Person)			
Frank '	W. Goddard, Esq.			
Please	return all correspondence concerning	g this matte	er to the following:	
The e	iclosed Resignation of Registered Ag	gent for a Co	orporation and fee are submitted	for filing.
DOCU	JMENT NUMBER: P15000000878			
	(	Name of Co	rporation)	
SUBJ	ENGLAND & ASSOCIATES OF FL			
10:	Amendment Section Division of Corporations			

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 61	17.1509,		
Florida Statutes, the undersigned,	Frank W. Goddard, Esq.			
	(Name of Registered Agent)			
hereby resigns as Registered Agen	ENGLAND & ASSOCIATES OF FLORIDA, IN	šC.		
nereby resigns as registered Agen	(Name of Corporation)			
P1500000878				
(Document Number, if known)				
A copy of this resignation was ma	iled to the above listed corporation at its last k	nown address.		
The agency is terminated and the of this statement is filed.	(Signature of Resigning Agent)	te on which		
If signing on behalf of an entity:		2025 APR -2 SECRETARY		
	(Typed or Printed Name)	RY OF STA		

## 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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, F1. 32314

(Capacity)