

P15000002391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

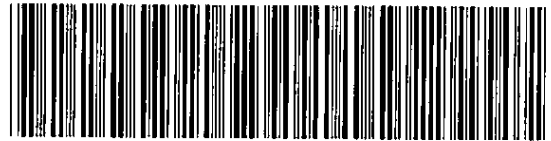
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STATE  
CLERK

2023 NOV 28 AM 9:22

FILED

A. BUTLER

NOV 30 2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE MICHELLI EXPERIENCE, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000002391  
\_\_\_\_\_

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:

JOSEPH A. MICHELLI  
\_\_\_\_\_

(Name of Person)

THE MICHELLI EXPERIENCE, INC.  
\_\_\_\_\_

(Name of Firm/Company)

7780 49TH STREET N. #329  
\_\_\_\_\_

(Address)

PINELLAS PARK, FL 33781  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

J. Patrick Walsh, Esq.  
\_\_\_\_\_

(Name of Person)

at ( 727 456-4462 )  
\_\_\_\_\_

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT** **FILED**  
**FOR A CORPORATION**

2023 NOV 28 AM 9:22

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, STATE  
Florida Statutes, the undersigned, J. Patrick Walsh, Esq. TALLAHASSEE, FL  
(Name of Registered Agent)

hereby resigns as Registered Agent for THE MICHELLI EXPERIENCE, INC.  
(Name of Corporation)

P15000002391

(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) J. Patrick Walsh, Esq.

If signing on behalf of an entity:

+  Joseph  
Anthony  
Michelli.

(Typed or Printed Name)

CEO  
The Michelli  
Experience  
Inc.

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2023

JOSEPH A. MICHELLI  
7780 49TH STREET N. #329  
PINELLAS PARK, FL 33781

SUBJECT: THE MICHELLI EXPERIENCE, INC.  
Ref. Number: P15000002391

We have received your document for THE MICHELLI EXPERIENCE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 523A00023384