P150000 18037

(Req	uestor's Name)	
(Add	ress)		
(Add	ress)	_	
(City/	/State/Zip/Phor	ne #)	
PICK-UP	☐ WAIT		MAIL
(Busi	iness Entity Na	ime)	
(Doc	ument Number	·)	
Certified Copies	Certificate	es of Statu	s
Special Instructions to F	iling Officer:		
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SECRETARY OF STATE

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4/7/21

COVER LETTER

TO: Amendment Section		
Division of Corporations		
Integro Building Systems US		
	(Name of Corpora	tion)
DOCUMENT NUMBER: P15000018	037	
The enclosed Resignation of Registe	ered Agent for a Corpo	ration and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to	the following:
Paolo de Torre		
(Name of Perso	on)	-
Integro Building Systems USA, Inc.		
(Name of Firm/Cor	npany)	_
4250 NW 135th Street	-	
(Address)	-	_
Opa-Locka, FL 33054		
(City/State and Zip	Code)	_
For further information concerning t	his matter, please call:	
Paolo de Torre	905 at (417-3785
(Name of Person)	(Area Cod	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 FOR A CORPORATION

rursuant to the provisions of section	ons 607.0505(2), 617.0502(2), 607.1509, 6r 617.	.1509,		
Florida Statutes, the undersigned.	The Kendrick Law Firm			
C	(Name of Registered Agent)			
hereby resigns as Registered Agen	Integro Building Systems USA. Inc.			
nereby resigns as Registered Agen	(Name of Corporation)			
P15000018037				
(Document Number, if known)				
A copy of this resignation was mai	iled to the above listed corporation at its last kno	wn addre	SS.	
The agency is terminated and the control this statement is filed.	office discontinued on the 31st day after the date	on which	I	
If signing on behalf of an entity:	(Signature of Resigning Agent)	SECRETA!	2021 HAY -	
Jon Michael Kendrid	ck	RY IAS	വ	
Principal	(Typed or Printed Name)	OF STATE SEE, FI	AM 8: 33	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)