P15000020157

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	





800280261128

12/22/15--01017--013 **87.50

PILED 22 PH 1:5

Y San

COVER LETTER

1

TO:	Amendment Section Division of Corporations
SUBJ	ECT: TAS S.G. CORONEOS, P.A.
	(Name of Corporation) UMENT NUMBER: P15000020157
	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
Bor	nnie Yerry
	(Name of Person)
COF	RPORATION SERVICE COMPANY
	(Name of Firm/Company)
80	STATE STREET
	(Address)
ALE	BANY NY 12207
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
Bor	nnie Yerry _{at (} 800 ₎ 927-9801
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY
(Name of Registered Agent)
hereby resigns as Registered Agent forTAS S.G. CORONEOS, P.A.
(Name of Corporation)
P15000020157
(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:
Bonnie Yerry
(Typed or Printed Name)
Asst. Secretary
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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