

P15000026093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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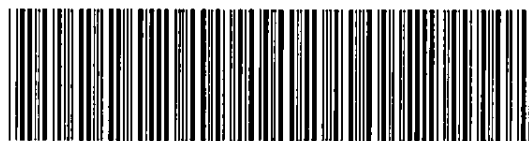
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: COACH TOURS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P15000026093

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:

OLEG CHERNOBRODSKY

(Name of Person)

(Name of Firm/Company)

16850 COLLINS AVENUE, STE. 259

(Address)

SUNNY ISLES BEACH, FLORIDA 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

OLEG CHERNOBRODSKY at (954) 914-6159

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, AILEEN CABANAS

(Name of Registered Agent)

hereby resigns as Registered Agent for COACH TOURS, INC.

(Name of Corporation)

P15000026093

(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:

AILEEN CABANAS

(Typed or Printed Name)

Registered Agent

(Capacity)

FILED
2024 SEP 12 PM 12:34
STATE OF FLORIDA
CLERK OF THE COURT

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withdrawn corporation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