

P1500004377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

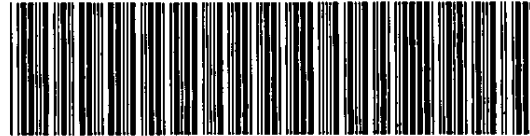
(Business Entity Name)

(Document Number)

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*R. White*

MAR 25 2016

R. WHITE

FILED  
16 MAR 21 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT: Destiney Marketing Services, Inc.**  
(Name of Corporation)

**DOCUMENT NUMBER: P15000043178**

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:

**Ricardo Calzada, II, Esq.**  
(Name of Person)

**My Law Solution, PA**  
(Name of Firm/Company)

**56 East Pine Street, 2<sup>nd</sup> floor**  
(Address)

**Orlando, Florida 32801**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Ricardo Calzada, II at (407) 843-3333**  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, **Ricardo Calzada, II, Esq.**

(Name of Registered Agent)

hereby resigns as Registered Agent for **Destiney Marketing Services, Inc.**

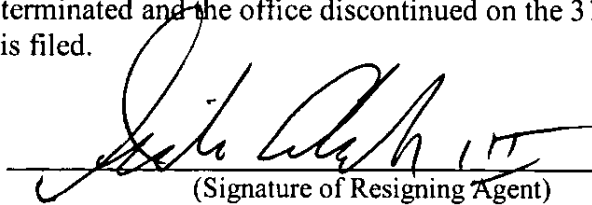
(Name of Corporation)

**P15000043178**

(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 31<sup>st</sup> day after the date on which  
this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(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**

**FILED**  
**16 MAR 21 PM 2:51**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**