

P15000052661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

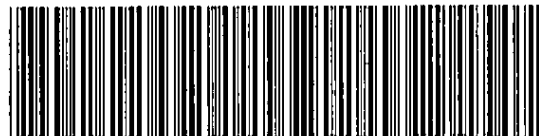
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R/A-Resign

**FLORIDA FILING & SEARCH SERVICES, INC.**

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**DATE:** 5/22/18

**NAME:** FONTAINE FLORIDA HOLDINGS INC

**TYPE OF FILING:** RESIGNATION

**COST:** 35.00

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*A. Hodge*

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FONTAINE FLORIDA HOLDINGS INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P15000050061

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:

TRACEE COTTON

(Name of Person)

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

(Name of Firm/Company)

16 COURT ST 14TH FLOOR

(Address)

BROOKLYN, NY 11241

(City/State and Zip Code)

For further information concerning this matter, please call:

TRACEE COTTON

(Name of Person)

at (800) 221-2972 X1550

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, BLUMBERGEXCELSIOR CORPORATE SERVICES INC.  
(Name of Registered Agent)

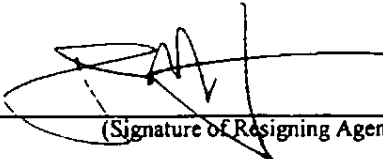
hereby resigns as Registered Agent for FONTAINE FLORIDA HOLDINGS INC.  
(Name of Corporation)

P15000050061

(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:

JOSE MOJICA  
(Typed or Printed Name)

ASSISTANT 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

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18 MAY 22 PM 8:08