P15000060523

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



700289206957

08/22/16--01052--020 **87.50

2816 AUG 22 Ait 5: 09
St Contract of STATE
TALL ANASSIST FILENING

SEP 0.8 2015 C. CARROTHERS

COVER LETTER

Division of Corporations
SUBJECT: X+(loc Marie Parel 100 (Name of Corporation)
DOCUMENT NUMBER: \$\frac{15000060523}{}
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:
(Name of Person)
Xtrene Marine Pagels, Inc. (Name of Firm/Company)
17236SW 155 th A (Address)
Micros FC 33187 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 305-(01) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, (Name of Registered Agent)		
hereby resigns as Registered Agent for Hole Merche Vacels, In C. (Name of Corporation)	r	
(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.	23 AUG 22	, ,
(Signature of Resigning Agent)	2 #	1
If signing on behalf of an entity:	7 5: OB	d serve
(Typed or Printed Name)		
Registere l'Accent		

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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