P150000 63073

(F	Requestor's Name)	_
<u>(A</u>	Address)	
<u></u>	Address)	_
(0	City/State/Zip/Phone #)	_
PICK-UP	☐ WAIT ☐ MAIL	
(E	Business Entity Name)	_
(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations	
Vader Properties II Inc SUBJECT:	
(Name of Corpora	ion)
DOCUMENT NUMBER: P15000063073	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Jason Sizemore	
(Name of Person)	-
Law Office of Sam J. Saad III	
(Name of Firm/Company)	-
2670 Airport Road S	
(Address)	-
Naples FL 34112	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Jason Sizemore at (239-963-1635
(Name of Person) (Area Code	2 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sec	tions 607.0503(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned,	Sam J. Saad III PA
	(Name of Registered Agent)
hereby resigns as Registered Ago	Vader Properties II Inc
neredy resigns as registered rigo	(Name of Corporation)
P15000063073	
(Document Number, if known)
A copy of this resignation was m	nailed to the above listed corporation at its last known address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on which
	Mot
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
Sam J. Saad III	
	(Typed or Printed Name)
President	
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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