

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

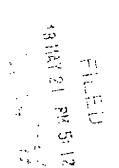
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S TALLENT MAY 23 2018



RIA Resign

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: DONNA C	ARLUCCI GOULD PA
DOCUMENT NUMBER: P	(Name of Corporation) 15000067210
The enclosed Resignation of Reg	istered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
ROBIN MOLT	
(Name of P	erson)
CORPORATION SER	VICE COMPANY
(Name of Firm/	Company)
80 STATE STREE	ET
(Addres	ss)
ALBANY NY 122	207
(City/State and	Zip Code)
For further information concerning	ng this matter, please call:
ROBIN MOLT	at (518 ) 433-7018 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327

Tallahassee, FL 32314

CR2E046 (04/12)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

## 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. CORPORATION SERVICE COMPAN	Υ
(Name of Registered Agent)	
hereby resigns as Registered Agent for DONNA CARLUCCI GOULI	) PA
(Name of Corporation)	
P15000067210	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
Roben Molt	
(Signature of Resigning Agent)	· ; 👼
If signing on behalf of an entity:	
	22 F
_ROBIN MOLT	70
(Typed or Printed Name)	<b></b> (
ASST SECRETARY	This said
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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