P15000075033

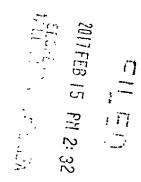
(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(Document Number)		
Certified Copies	Certificates o	f Status
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FORIDA HOTEL FURNITURE LIQUIDATORS, INC. (Name of Corporation) DOCUMENT NUMBER: P150000 75033
DOCUMENT NUMBER: 150000 75033
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:
Besher Geda (Name of Person)
Blue wile fur niture Liquidators (Name of Firm/Company)
5370 Silver Star Rd (Address)
Orlando FC 3888 (City/State and Zip Code)
For further information concerning this matter, please call:
Resher Geda at (407) 592 3411 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, BESHER GEDA (Name of Registered Agent)
hereby resigns as Registered Agent for FLORIDA HOTEL FURNITURE LIQUIDA (Name of Corporation)
<u>P 15 0000 75033</u>
(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.
* Jan av
(Signature of Resigning Agent)
If signing on behalf of an entity:
BESHER GEDA
(Typed or Printed Name)
MENT (Capacity)

2
Fee for filing this document: \$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation