

P15 000076864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

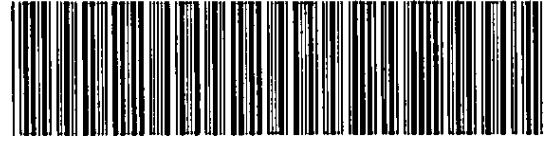
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100392035171

08/03/22--01018--019 *192.50

2022 NOV -3 PM 12:25

Ra Resignation

NOV 15 2022

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: METROPOLITAN FIRE & SAFETY, INC

(Name of Corporation)

DOCUMENT NUMBER: P15000076864

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:

ALFREDO GARCIA-MENOCAL, ESQ

(Name of Person)

ALFREDO GARCIA-MENOCAL, P.A.

(Name of Firm/Company)

4937 SW 74 CT

(Address)

MIAMI, FL 33155

(City/State and Zip Code)

For further information concerning this matter, please call:

MELISSA ARRUFAT at (305) 553-3464

(Name of Person) (Area Code & Daytime Telephone Number)

2007 JUN -3 PM 12:00
P. 11 11 11

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.


Florida Statutes, the undersigned, Paul Fernandez
(Name of Registered Agent)

hereby resigns as Registered Agent for Metro Politan Pipe & Safety, Inc.
(Name of Corporation)

P15000076804
(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:

(Typed or Printed Name)

(Capacity)

2022 APR -5 PM 12:25
CORPORATION

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