P15000088700

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/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:	
		:





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SECRETARY OF SOLD

JUL 27 2016 Ocushing

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Mega Print Promo, Inc.
(Name of Corporation) DOCUMENT NUMBER: P15000088700
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Coretta Anthony-Smith
(Name of Person)
Anthony-Smith Law, P.A.
(Name of Firm/Company)
5401 S. Kirkman Rd. #610
(Address)
Orlando, FL 32819
(City/State and Zip Code)
For further information concerning this matter, please call:
Coretta Anthony-Smith (Name of Person) at (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. 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, Anthony-Smith Law, P.A.
(Name of Registered Agent)
hereby resigns as Registered Agent for Mega Print Promo, Inc.
(Name of Corporation)
P15000088700
(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:
Coretta Anthony-Smith
(Typed or Printed Name)
President Zg 5
(Capacity)
Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/
\$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withdrawn corporation