P15000098087

. (Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



300357490243

01/11/21--01037--011 **192.50

MALERALL PH 2: 23
MALERALL PH 2: 23
MALERALL PH STATE

Y SULKER DIN

COVER LETTER

	vision of Corporations
SUBJECT:	Straightline Management Corporation
30131201	:(Name of Corporation)
DOCUME	NT NUMBER: P15000098087
The enclos	sed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please retu	irn all correspondence concerning this matter to the following:
Tammy Yza _j	guirre
	(Name of Person)
Straightline l	Management Corporation
	(Name of Firm/Company)
1256 Edna S	Street East
	(Address)
Lehigh Acres	es, FL 33974
	(City/State and Zip Code)
For further	information concerning this matter, please call:
Tammy Yzaş	guirre 239 896-8035
	(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 section	ons 607.0503(2), 617.0502(2), 607.150	19, or 617.1509,		
Florida Statutes, the undersigned,	Matthew Yzaguirre			
	(Name of Registered Agent)			
hereby resigns as Registered Agen	Straightline Management Corporation			
neredy resigns as registered regen	(Name of Corporation	(Name of Corporation)		
P15000098087				
(Document Number, if known)				
A copy of this resignation was mai	led to the above listed corporation at it	ts last known address.		
The agency is terminated and the of this statement is filed. My	office discontinued on the 31st day after the second secon	r the date on which		
If signing on behalf of an entity:	(Typed or Printed Name)	7021 JAN 11 PM 2		
	(Capacity)	T 5 %		

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withdrawn corporation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