## P15741

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

Office Use Only



400337771744

12/09/19--01025--010 \*\*85.00

2019 DEC -9 AM 10: 22

C. GOLDEN

JAN 1 4 2020

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: PON REALTY I, INC. (Name of Corporation)
DOCUMENT NUMBER: P15741
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:
Attn: ROA Team (Name of Person)
Capitol Corporate Services, Inc.
(Name of Firm/Company)
PO Box 1831
(Address)
Austin, TX 78767
(City/State and Zip Code)  For further information concerning this matter, please call:
Agent Resignation Filings Team at ( 800 ) 345-4647 (Name of Person) (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Durances to the previous of exetions (07.0502/2) (17.0502/2) (07.1500) or (17.1500)		
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned. Capitol Corporate Services, Inc. (Name of Registered Agent)	_	
(Name of Registered Agent)		
hereby resigns as Registered Agent for PON REALTY I, INC.	_	
(Name of Corporation)		
P15741		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known address	S.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.		
$\Omega$		
(Signature of Resigning Agent)	20	
If signing on behalf of an entity:	2019 PEC	
Jason Fischer	4	
(Typed or Printed Name)	A	
(1) pod 6. 1	AH 10: 2:	 
Assistant Secretary	: 22	_

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)