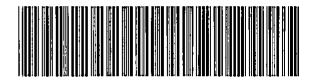
P10000013513

(Re	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	me)
(D	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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RARES

SEP 1 ; 2019

I ALBRITTON

COVER LETTER

	Amendment Section Division of Corporations
SUBJE	CT: BREITENDALH US SFTWAKE ESGINGERING INC
	MENT NUMBER: 160000 135 43
The end	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
SHE	(Name of Person)
BKE	TENDACH US SOFTWAKE ENGINEERING INC. (Name of Firm/Company)
	(Name of Firm/Company)
50	9 72ND F. E. (Address)
	(Address)
RU	1617D FC J4221
	(City/State and Zip Code)
For furt	her information concerning this matter, please call:
SHEC	NOW D. SAY.SH at (267, 475-0600)
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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, SHELDON W. BAKSH	
(Name of Registered Agent)	
hereby resigns as Registered Agent for SKEITENBACH US STANKE	E ENGINEEKIN
(Name of Corporation)	
P160000B543	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
Shel- D. Fil- (175)	
(Signature of Resigning Agent)	- •
If signing on behalf of an entity:	
(Typed or Printed Name)	 ,
	တ္
	 ن
(Capacity)	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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