

(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

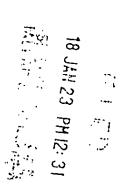


000307943170

01/23/13--01026--016 **87.50

Mars

R. WHITE JAN 24 2018



COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: VENTECH CCTV USA, INC.		
(Name of Corporation) DOCUMENT NUMBER: P16000018406		
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:		
Joseph R. Bremer		
(Name of Person)		
Bremer & Dieppa III CPA, LLC.		
(Name of Firm/Company)		
8333 NW 7th ST. Suite 450		
(Address)		
Doral, Fl. 33166		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Joseph R. Bremer at (305) 642-4949 (Area Code & Daytime Telephone Number)		
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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. Joseph R. I		
	(Name of Registered Agent)	
hands regions as Ravistared Agent for VENT	ECH CCTV USA, INC.	
hereby resigns as Registered Agent for VENTECH CCTV USA, INC. (Name of Corporation)		
P16000018406		
(Document Number, if known)		
A copy of this resignation was mailed to the above	e listed corporation at its last known address.	
The agency is terminated and the office discontinuthis statement is filed.	ued on the 31st day after the date on which	
X yell	1/18/18	
(Signature of F	Resigning Agent)	
If signing on behalf of an entity:		
	₹£ &	
(Typed or P	rinted Name)	
(Cap	pacity)	
	\tilde{e}_{i} ω	

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