P1600019298

(Requestor's Name)		
(Address)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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09/12/24--01024--014 **87.50



05/12/24

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:	
(Name of Corporation	on)
DOCUMENT NUMBER: P16000019298	
The enclosed Resignation of Registered Agent for a Corpora	tion and fee are submitted for filing.
Please return all correspondence concerning this matter to th	c following:
ZULMA BOURELLA	
(Name of Person)	
RIVEROS CORP	
(Name of Firm/Company)	
175 SW 7TH ST STE 1905	
(Address)	
MIAMI, FL 33430	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ZULMA BOURELLY at (5078464 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 prov	visions of sections $607.0503(2)$, $617.0502(2)$, 607.150	19, or 617.1309.	
Florida Statutes, the	undersigned. OJEDA, MARIA		
	(Minne of Registered A	•	
hereby resigns as R	BRAMA PAINTING CORP		
	reby resigns as Registered Agent for BRAMA PAINTING CORP (Name of Corporation)		
P16000019298			
(Document Nu	nmber, if known)		
A copy of this resig	nation was mailed to the above listed corporation at i	ts last known address.	
The agency is termithis statement is file	Λ		
	(Signature of Resigning Agent)		
If signing on behalf	of an entity:		
	(Typed or Printed Name)		
	(1,1		
_	(Capacity)	12 PH	
	Fee for filing this document: \$87.50 - Active Corporation	PH 3: 30	
	\$35.00 - Administratively dissolved/voluntar	ily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation