

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : A1A REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (561) 792-2236
Fax Number : (561) 202-8082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT RESIGNATION
GIOVANNI'S HEALTHY CAFE NO.1 INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUN 22 AM 8:17

FILED

2020 JUN 22 AM 11:59

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**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, SUPERBIZ REGISTERED AGENT, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for GIOVANNI'S HEALTHY CAFE NO.1 INC.

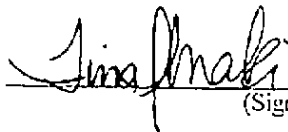
(Name of Corporation)

P16000031227

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

TINA MAKI

(Typed or Printed Name)

DP

(Capacity)

2020 JUN 22 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FL.

FILED**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withdrawn corporation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

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