

P160000033713

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

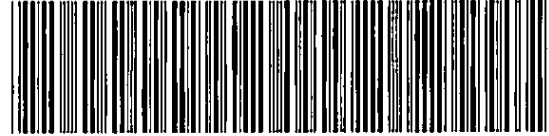
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Resignation of
RA

FILED
2023 FEB -2 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FL

A. RAMSEY
APR - 7 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NELSON & SONS RENTALS INC.

(Name of Corporation)

DOCUMENT NUMBER: P16000033713

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:

Richard Nelson

(Name of Person)

(Name of Firm/Company)

14588 Tuscany Pointe Trail

(Address)

Naples, FL 34120

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Nelson

631

4049836

at (

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2013 FEB -2 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Richard Nelson

(Name of Registered Agent)

hereby resigns as Registered Agent for NELSON & SONS RENTALS INC.

(Name of Corporation)

P1000033713

(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.

Richard Nelson

(Signature of Resigning Agent)

If signing on behalf of an entity:

Richard Nelson, all rights reserved

(Typed or Printed Name)

as agent

(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