P160000 39878

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2020 SEP 28 AM 10: 15

x0 10/24/20

COVER LETTER

TO: Amendment Sec Division of Cor	porations
SUBJECT: GALEC	ON USA, INC. (Name of Corporation)
CONTRACTOR AND INCIDENT	•
DOCUMENT NUMBI	
The enclosed Resignati	ion of Registered Agent for a Corporation and fee are submitted for filin
Please return all corres	pondence concerning this matter to the following:
Jodí Al i ano	
	Name of Person)
GrayRobinson, PA	
(Nai	ne of Firm/Company)
1795 W. NASA Blvd	l.
	(Address)
Melbourne, FL 329	01
(Cit	y/State and Zip Code)
For further information	n concerning this matter, please call:
Michelle Deering	at (321) 727-8100 (Area Code & Daytime Telephone Number)
(Name o	of Person) (Area Code & Daytime Telephone Number)

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 provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.15	09.
Florida Statutes, the undersigned. Ted Shinkle	
(Name of Registered Agent)	
hereby resigns as Registered Agent for GALEON USA, INC.	
(Name of Corporation)	
P16000039878	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	ı address.
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	which
(Agnature of Resigning Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
(Capacity)	

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation 2020 SEP 28 AM 10: 16

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