Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230004191513)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : RIVEROS CORP.

Account Number : I20190000048

Phone

: (305)507-8464

Fax Number

: (239)228-2074

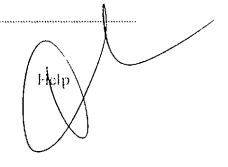
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
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REGISTERED AGENT RESIGNATION **T&D LINE & SUBSTATION DESIGN CORP**

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COVER LETTER

TO: Amendment Section			
Division of Corporations			
T&D LINE & SUBSTATION DESIGNATION DESIGNAT	IN CORP		
	Name of Corpo	oration)	
DOCUMENT NUMBER: P16000046331			
The enclosed Resignation of Registered Ag	gent for a Corp	poration and fee are su	ibmitted for filing
Please return all correspondence concernin	g this matter t	to the following:	E =
ZULMA RIVEROS			0
(Name of Person)	<i></i>		Session
T&D LINE & SUBSTATION DESIGN CORP			SSEC FIL
(Name of Firm/Company)			
175 SW 7th ST, Suite 1905			
(Address)			
MIAMI, FL 33130			
(City/State and Zip Code)			
For further information concerning this man	tter, please ca	11:	
ZULMA RIVEROS	786 at (4395138	
(Name of Person)		ode & Daytime Telepho	ne 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 provisions of sections 6	07.0503(2), 617.0502(2), 607.1509, or 617	.1509,		
Florida Statutes, the undersigned. ZUL	MA RIVEROS			
	(Name of Registered Agent)			
hereby resigns as Registered Agent for	T&D LINE & SUBSTATION DESIGN CORP (Name of Corporation)			
P16000046331				
(Document Number, if known)	_			
A copy of this resignation was mailed t	o the above listed corporation at its last kno	own addr	ess.	
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on whic	:h	
(প্র	gnature of Resigning Agent)			
If signing on behalf of an entity:		7.41	2023 DEC -	18 T
	(Typed or Printed Name)	HASSES	-8 AM II	
	(Capacity)		: 12	

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