

P16000083982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

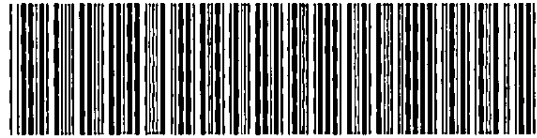
(Business Entity Name)

(Document Number)

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S TALLENT

MAR 23 2019

FILED
19 MAR 11 AM 8:00
MAR 11 2019

R/A-Resign

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Certified Restoration Services

(Name of Corporation)

DOCUMENT NUMBER: P16000083982

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:

Gisela Klinck-Algieri

(Name of Person)

(Name of Firm/Company)

4166 Inverrary Drive, # 211

(Address)

Lauderhill, FL 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

Gisela Klinck-Algieri at (954) 598-4634

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Gisela Klinck-Algieri
(Name of Registered Agent)

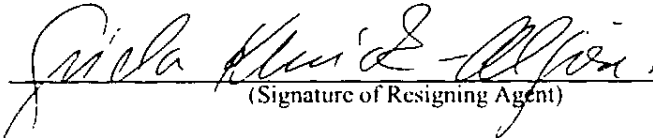
hereby resigns as Registered Agent for Certified Restoration Services INC.
(Name of Corporation)

P16000083982

(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:

(Typed or Printed Name)

(Capacity)

FILED
19 MAR 11 AM 9:00
TALLAHASSEE, FL

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