

To: 8506176361

From: 3059716042

7/25/2022 10:23:20 PM

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7/21/22, 10:52 AM

Division of Corporations

P/6000095319

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

From:
Account Name : CARRILLO LAW, P.A.
Account Number : I20220000027
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: nora-silk@hotmail.com

REGISTERED AGENT RESIGNATION
CORRALENSES INC

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Page Count	01
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1/001 Fax Server



July 25, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORRALENSES INC
1440 79 ST CSWY
1406
NORTH BAY VILLAGE, FL 33141

SUBJECT: CORRALENSES INC
REF: P16000095319

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document was not submitted with the electronic filing cover sheet. Please resubmit the cover sheet with the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

FAX Aud. #: H22000247332
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORRALENSES INC
(Name of Corporation)

DOCUMENT NUMBER: R16000095319

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:

NORA L. SILVA
(Name of Person)

CORRALENSES INC
(Name of Firm/Company)

721 N. PINE ISLAND Rd Apt 117
(Address)

PLANTATION, FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, MARISA STEVENAZZI
(Name of Registered Agent)

hereby resigns as Registered Agent for CORRAJENSEY INC
(Name of Corporation)

P16 000095319
(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]
(Signature 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

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