

# P17000001775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

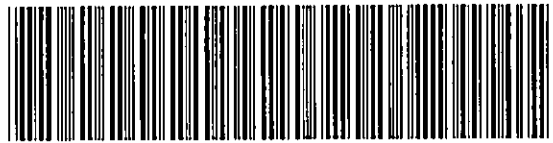
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300406105753

04/11/23--01017--027 \*\*87.50

FILED  
2023 APR 11 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

*Ra Resignation*

JUL 10 2023

D CUSHING

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NAPLES STONE GALLERY INC

(Name of Corporation)

DOCUMENT NUMBER: P17000001775

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:

CALEB C DE SOUZA

(Name of Person)

NAPLES STONE GALLERY INC

(Name of Firm/Company)

2054 TRADE CENTER WAY

(Address)

NAPLES, FL 34109

(City/State and Zip Code)

For further information concerning this matter, please call:

CALEB C DE SOUZA

239-250-7273

(Name of Person)

at (

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
2023 APR 11 PM 2:26  
TALLAHASSEE, FL  
FBI

## 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, DOLLARS AND SENSE LLC  
(Name of Registered Agent)

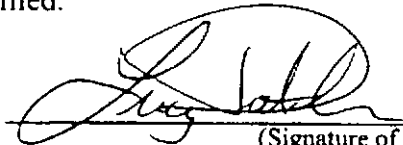
hereby resigns as Registered Agent for NAPLES STONE GALLERY INC  
(Name of Corporation)

P17000001775

(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:

LUCY DRATLER

(Typed or Printed Name)

MANAGER

(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

2023 APR 11 PM 2:28

FILED