

P17000003403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

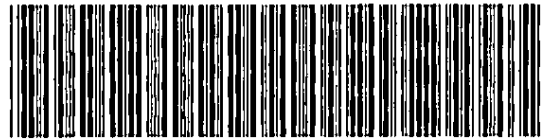
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900364026279

04/16/21--01009--001 **35.00

06/02/2021
JH

FILED
2021 APR 16 AM 8:13
SECRETARY OF STATE
HALL MARKS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TEJADA PAINTING SERVICES CORP

(Name of Corporation)

DOCUMENT NUMBER: P17000003403

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:

KAROLINA TORRES

(Name of Person)

KTORRES SERVICES CORP

(Name of Firm/Company)

600 S FEDERAL HWY STE 207

(Address)

DEERFIELD BEACH FL 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

KAROLINA TORRES at (954) 380-0755

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Registered Agent)

hereby resigns as Registered Agent for TEJADA PAINTING SERVICES CORP

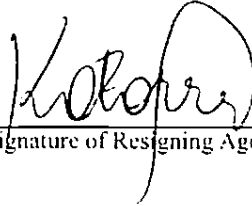
(Name of Corporation)

P17000003403

(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:

KAROLINA TORRES

(Typed or Printed Name)

PRESIDENT

(Capacity)

FILED
2021 APR 16 AM 8:14
SECRETARY OF STATE
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