

P17000004313

AUG/23/2017 WED 01:30 PM

FAX No.

P. 001

8/23/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H17000225188 3)))



H170002251883ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

SECRET
17 AUG 23 PM 2:29
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

FILED

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

Email Address: _____

REGISTERED AGENT RESIGNATION
BISCAYNE SUNSET INC

RA/RES

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

AUG 24 2017

I ALBRITTON

RECEIVED

17 AUG 23 PM 2:06

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Kelly Roche Advised to File Resignation 8/24/17

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
2017 AUG 23 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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, OLIVER J MICHEL-PAVON
(Name of Registered Agent)

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

P17000004313
(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.

X 
(Signature of Resigning Agent)

If signing on behalf of an entity:

OLIVER J MICHEL-PAVON
(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withdrawn corporation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