

P17000004558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

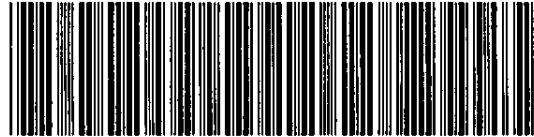
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300311416303

04/09/18--01024--026 **87.50

2018 APR -9 PM 4:58

APR 11 2018
C McNAIR

2018 APR -9 PM 4:06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RICO'S TRAVEL, INC.
(Name of Corporation)

DOCUMENT NUMBER: P17000004558

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:

WALTER BURNSIDE

(Name of Person)

WALTER BURNSIDE P.A.

(Name of Firm/Company)

304 SOUTH WESTLAND AVE

(Address)

TAMPA, FL. 33606

(City/State and Zip Code)

For further information concerning this matter, please call:

WALTER at **813** **251-6625**
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2010 APR -9 PM 4:34

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, WALTER BURNSIDE P.A.

(Name of Registered Agent)

hereby resigns as Registered Agent for RICO'S TRAVEL INC.


(Name of Corporation)

P17000004558

(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:

WALTER N. BURNSIDE

(Typed or Printed Name)

PRESIDENT WALTER BURNSIDE P.A.

(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withdrawn corporation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