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(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	#)		
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JUL 21 2022 M. SOLOMON

COVER LETTER

TO: Amendment Section Division of Corporations

	NU-VIEW	INTERIO	RS OF	MIAMI.	INC.
SUBJECT:					

(Name of Corporation)

DOCUMENT NUMBER: _____

• Y

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:

MICHAEL BLANCO

(Name of Person)

MICHAEL BLANCO & CO. LLC

(Name of Firm/Company)	23 23 23 23 23 23 23 23 23 23 23 23 23 2
1501 VENERA AVENUE, SUITE 325	······································
(Address)	17 Y
CORAL GABLES, FL 33146	P
(City/State and Zip Code)	
For further information concerning this matter, please call:	· · 5
MICHAEL A. BLANCO 305 615-2725 at ()	
(Name of Person) (Area Code & Daytime Telephone N	lumber)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, MICHAEL A. BLANCO (Name of Registered Agent)

	(Name of Registered Agent)
hereby resigns as Registered Agent for	NU-VIEW INTERIORS OF MIAMI, INC.
	(Name of Corporation)

P17000008871

(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:

Michael Blanco

(Typed or Printed Name)

Managing Member

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation JODS HAY

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