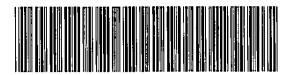


(F	Requestor's Name)	
(/	Address)	
(/	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(1	Business Entity Name)	
<u> </u>	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

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R. WHITE
JUN 01 2018

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Admiri Ventures C	orp	
(Name	e of Corporati	ion)
DOCUMENT NUMBER: P17000015761		
The enclosed Resignation of Registered Agent f	or a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this	s matter to th	he following:
ROBIN MOLT		
(Name of Person)		-
CORPORATION SERVICE COM	MPANY	
(Name of Firm/Company)		-
80 STATE STREET		
(Address)		-
ALBANY NY 12207		
(City/State and Zip Code)		-
For further information concerning this matter, I	please call:	
ROBIN MOLT	,518	4337018 & Daytime Telephone Number)
(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check made payable to the Florida or \$35.00 for an administratively dissolved, volume	Departmen	t of State for \$87.50 for an active corporation of State for \$87.50 for an active 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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Florida Statutes, the undersigned, CORPORATION SERVICE COMP. (Name of Registered Agent)	ANY
hereby resigns as Registered Agent for Admiri Ventures Corp	
(Name of Corporation)	
P17000015761	
(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 d this statement is filed.	ate on which
(Signature of Resigning Agent)	_
If signing on behalf of an entity:	<u> </u>
ROBIN MOLY	FIL MAY 29
(Typed or Printed Name)	·
	ED ED
ASST SECRETARY (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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