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.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES, LTD.

Account Number : I20050000052 Phone : (850)656-7956 : (850)656-7953 Fax Number

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 SANTE CATERING INC.

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

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SANTE CATERING INC.
(Name of Corporation)
DOCUMENT NUMBER: P17000017576
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:
Amanda Archambault
(Name of Person)
Incorporating Services, Ltd.
(Name of Firm/Company)
3500 South DuPont Highway
(Address)
Dover, DE 19901
(City/State and Zip Code)
For further information concerning this matter, please call:
Amanda Archambault at 302 531-0712 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ons 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509,
Florida Statutes, the undersigned, INCORPORATING SERVICES, LTD. (Name of Registered Agent)		١.
		
herehy resigns as Registered Ager	SANTE CATERING INC.	
Heropy tonights as trogeresses the	(Name of Corporation)	
P17000017576		
(Document Number, if known)		
A copy of this resignation was ma	tiled to the above listed corporation at its last kr	nown address.
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the day	te on which
Amanda	(Signature of Resigning Agent)	2020 JUN - SECRETAL TALLAPAS
If signing on behalf of an entity:		74 S22
	Amanda Archambault	
	(Typed or Printed Name)	D H 1:47
	Assistant Secretary	7.00
	(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
Tallabassee, FL 32314