

P17000017888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

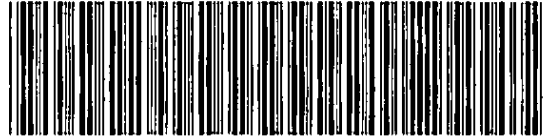
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2022 FEB -1 PM 5:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ACEVEDO CONSULTING SERVICES, CORP  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P17000017888  
\_\_\_\_\_

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:

ZUNAY RABELO, EA  
\_\_\_\_\_

(Name of Person)

JRA PROFESSIONAL SERVICES  
\_\_\_\_\_

(Name of Firm/Company)

1800 W 68 ST STE 112  
\_\_\_\_\_

(Address)

HAIALEAH, FL 33014  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

ZUNAY RABELO, EA  
\_\_\_\_\_

(Name of Person)

at ( 305 456-5945 )  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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**

**FILED**

2022 FEB -1 PM 5:07

SECRETARY OF STATE  
TALLAHASSEE, FL.

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, JRA PROFESSIONAL SERVICES  
(Name of Registered Agent)

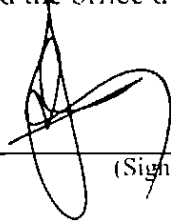
hereby resigns as Registered Agent for ACEVEDO CONSULTING SERVICES, CORP  
(Name of Corporation)

P17000017888

(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:

ZUNAY RABELO

(Typed or Printed Name)

MANAGER

(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**