

P17 000023663

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : RIVEROS CORP.
Account Number : I20190000048
Phone : (305)507-8464
Fax Number : (239)228-2074

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
SOA PROFESSIONALS CORP

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOA PROFESSIONALS CORP

(Name of Corporation)

DOCUMENT NUMBER: P17000023663

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:

ZULMA E RIVEROS

(Name of Person)

SOA PROFESSIONALS CORP

(Name of Firm/Company)

175 SW 7th ST, Suite 1905

(Address)

Miami FL 33130

(City/State and Zip Code)

For further information concerning this matter, please call:

ZULMA E RIVEROS

(Name of Person)

at (786) 4395138

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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DEPT OF STATE
TALLAHASSEE, FL

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, ZULMA E RIVEROS

(Name of Registered Agent)

hereby resigns as Registered Agent for SOA PROFESSIONALS CORP

(Name of Corporation)

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(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:

(Typed or Printed Name)

(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

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TALLAHASSEE, FL