0036951

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

Office Use Only



02/21/24--01005--019 **87.50

MAR 272-024 S. PRATHER

COVER LETTER

	mendment Section Division of Corporations
SUBJEC	Power & Light Electrical Incorporated
	(Name of Corporation)
DOCUM	IENT NUMBER: P17000036951
The enclo	osed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
Tina	Gignac
	(Name of Person)
Contr	ractor Business Services, Inc.
	(Name of Firm/Company)
8301	Joliet Street
_	(Address)
Huds	on, FL 34667
	(City/State and Zip Code)
For further	r information concerning this matter, please call:
Tina (Gignac at (727) 862-8862 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

3/15/24 Chk# 9269 \$8750 3/11/24 Chic deposited 2/21/24 - we still show as CR2E046 (04/12)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Contractor Business Services, Inc.
(Name of Registered Agent)
hereby resigns as Registered Agent for Power & Light Electrical Incorporated
(Name of Corporation)
P17000036951
(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.
June Change War Contractor Blisiness (Signature of Resigning Agent)
If signing on behalf of an entity:
TIXI (JIANGIC NGT (Typed or Printed Name))
Miliage 2-15-2024 (Capacity)
(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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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