## P17000059748

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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C. GOLDEN APR - 9 2018

## **COVER LETTER**

	(Name of Person)	(Area Coo	le & Daytime Telephone Number)	
Wil	liam Trick	<sub>at (</sub> 954	942-9774 le & Daytime Telephone Number)	
For fu	orther information concerning this	matter, please call		
	(City/State and Zip Co	ode)	_	
Por	mpano Beach, FL	33060		
· <del>- ·</del>	(Address)		_	
<b>12</b> 1	16 East Atlantic Bl	vd., Ste 7		
	(Name of Firm/Compa	iny)	<del></del>	
Wil	liam Watson Trick	, Jr., P.A.		
	(Name of Person)	·	_	
Wil	liam Watson Trick	, Jr.		
Please	return all correspondence concer	rning this matter to	the following:	
The e	nclosed Resignation of Registered	l Agent for a Corpo	ration and fee are submitted for filing	ng.
DOC	UMENT NUMBER: P170000	59748		
		(Name of Corpora	tion)	
SHR I	ECT: MILLER SPEC	CREATIC	NS INC.	
TO:	Amendment Section Division of Corporations			

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections 607.0502(2), 617.0502(2), 607.1509, or 61	7.1509,	
Florida Statutes, the undersigned, William W. Trick, Jr.		
(Name of Registered Agent)		
hereby resigns as Registered Agent for MILLER SPEC CREATIONS INC	С.	
(Name of Corporation)		
P17000059748		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last kr	own ado	dress.
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed.	e on wh	ich
mm	<del>_</del>	
(Signature of Resigning Agent)	•	
If signing on behalf of an entity:		201
·		2018 åFR
		-
(Typed or Printed Name)	-	ជា រុំ
		-ç>
(Consitu)	- · · · .	W.
(Capacity)		ဘ

## 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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