P170000 64541

(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	f)
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SECRETARY OF STAT

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COVER LETTER

TO: Amendment Section Division of Corporations	
ALL TO GO USA CORP	
(Name of Corporati	ion)
DOCUMENT NUMBER: P17000064541	·
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for tiling
Please return all correspondence concerning this matter to the	ne following:
HAYDEE CEBA M OS, CPA	至 5
(Name of Person)	399 E
CEBALLOS CEBALLOS BESTULICH & PADRON LLC	RY OF STATE
(Name of Firm/Company)	ربا ,
890 SOUTH DIXIE HIGHWAY	
(Address)	
CORAL GABLES, FL 33146	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
HAYDEE CEBALLOS, CPA 305 at (381-0825
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections $607.0503(2)$, $617.0502(2)$, 607.1509 , or 617.1509 ,
Florida Statutes, the undersigned, HAYDEE CEBALLOS, CPA
(Name of Registered Agent)
hereby resigns as Registered Agent for ALL TO GO USA CORP
(Name of Corporation)
P17000064541
(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 this statement is filed.
Hayde Colollar (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.15	509, or 617.1509,
Florida Statutes, the undersigned,	(1.110	,
, , , , , , , , , , , , , , , , , , , ,	(Name of Registered A	Agent)
hereby resigns as Registered Agen	ALL TO GO USA CORP	
, <u>.</u>	(Name of Corporati	on)
P17000064541		
(Document Number, if known)		
A copy of this resignation was mai	iled to the above listed corporation at	its last known address.
The agency is terminated and the countries statement is filed.	office discontinued on the 31st day aft	er the date on which
Haydi	(Signature of Resigning Agent)	
If signing on behalf of an entity:		2024 NOV -
	(Typed or Printed Name)	ETARY OF STATES
	(Capacity)	

Fee for filing this document:

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