

P17000070476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

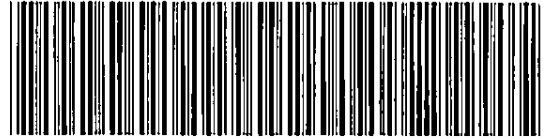
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200429840522

06/15/24 -01028-010 **87.50

2024 MAY 15 AM 7:12
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUN 26

S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CT PAINTING AND DRYWALL INC

(Name of Corporation)

DOCUMENT NUMBER: P17000070476

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:

RAUL REYES

(Name of Person)

(Name of Firm/Company)

1303 N STATE RD 7 SUITE A-4

(Address)

MARGATE, FL 33063

(City/State and Zip Code)

For further information concerning this matter, please call:

MARGATE, FL 33063 at (954-) 975-7029

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Registered Agent)

hereby resigns as Registered Agent for CT PAINTING AND DRYWALL INC

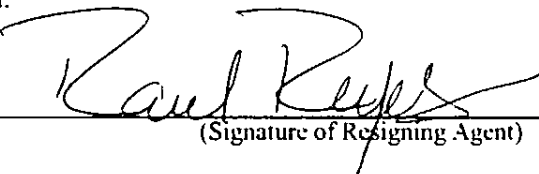
(Name of Corporation)

P17000070476

(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)

2024 MAY 15 AM 7:42
STATE COPY CT STAT
TALLAHASSEE, FLORIDA

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