# 717 0000 72818

| (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: |  |  |
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ACT OF STATE



#### **COVER LETTER**

| TO: Amendment Section Division of Corporations                           |   |
|--|---|
| BUZ BE GONE INC.<br>SUBJECT:   |   |
| (Name of Corporation)  |   |
| DOCUMENT NUMBER: P17000072818  |   |
| The enclosed Resignation of Registered Agent for a Corporation a         | nd fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following | owing:  |
| Travis Crabtree  |   |
| (Name of Person)   | r*->  |
| LEGALCORP SOLUTIONS, LLC   | (2)<br>(3)<br>(4)<br>(4)<br>(4)<br>(4)<br>(4)<br>(4)<br>(4)<br>(4)<br>(4)<br>(4 |
| (Name of Firm/Company)   | <u> </u>  |
| 3 Greenway Plaza #1320   |   |
| (Address)  | SEE'S   |
| Houston, TX 77046  | PM 1:57   |
| (City/State and Zip Code)  |   |
| For further information concerning this matter, please call:             |   |
| at ( )   | 3018  |
| (Name of Person) (Area Code & Day  | time 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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,                           | LEGALCORP SOLUTIONS, LLC                    |                          |  |
|--|---|--------------------------|--|
|  | (Name of Registered Agent)                  |                          |  |
| hereby resigns as Registered Agen                            | BUZ BE GONE INC.                            |                          |  |
| nercoy resigns as registered rigen                           | (Name of Corporation                        | )                        |  |
| P17000072818   |   |                          |  |
| (Document Number, if known)                                  | <del></del>                                 |                          |  |
| A copy of this resignation was mai                           | iled to the above listed corporation at its | s last known address.    |  |
| The agency is terminated and the of this statement is filed. | office discontinued on the 31st day after   | the date on which        |  |
|  | (Signature of Resigning Agent)              |                          |  |
| If signing on behalf of an entity:                           |   | 38 <del>-</del>          |  |
| Travis Crabtree  |   | SSEE .                   |  |
|  | (Typed or Printed Name)                     | PH 1:57 OF STATE SEE, FL |  |
| Member   |   | 111 ~                    |  |
|  | (Capacity)                                  |                          |  |

### Fee for filing this document:

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