Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : YOUR INSURANCE ATTORNEY PLLC

Account Number # 120210000200 Phone # (888)570-5677 Fax Number # (786)363-1992

**Enter the email address for this business entity to be used for future.

annual report mailings. Enter only one email address please.** [1]

Email Address: MTP@YourInsuranceAttorney.com

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REGISTERED AGENT RESIGNATION PELICAN PROPERTY SOLUTIONS INC

Certificate of Status	1
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Page Count	02
Estimated Charge	\$96.25

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TO: Amendment Section

COVER LETTER

Division of Corporations	
PELICAN PROPERTY SOLUTIONS INC	
(Name of	Corporation)
DOCUMENT NUMBER: P17000101239	
The enclosed Resignation of Registered Agent for	a Corporation and fee are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Michael Paylou	atter to the following:
(Name of Person)	
YIA Registered Agents, LLC	25 20.0
(Name of Firm/Company)	SEED BY
2601 S Bayahore Dr Suite 500	<u> </u>
(Address)	· ·
Miami, FL 33133	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Michael Pavlou 78	363-3119
(Name of Person) (A	Area Code & Daytime Telephone Number)

Enclosed is a check made parable 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 Aldress

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 sect	ions 607.0503(2), 617.0502(2), 607.1509, or 617.150	09,
Florida Statutes, the undersigned,	YIA Registered Agents, LLC	
riorea canada, are maersignee,	(Name of Registered Agent)	
hereby resigns as Registered Age	nt for (Name of Corporation)	 *
P17000101239	*_	20
(Document Number, if known)		1024 HA
A copy of this resignation was me	ailed 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 I
this statement is filed.	(Signature of Resignation Agreed)	10:31
If signing on behalf of an entity:		
Anthony M. Lopez	e, Esq _e	
 -	(Typed or Printed Name)	
Manager	-	
*************************************	(Canacity)	

\$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