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	Division of Cor	: (850)617-6380	
	Lax Mannet.	. (830)617-0360	<u>:</u> :
rom:			r- i
	Account Name	: TOBIN & REYES, P.A.	3.
	Account Number	: I2000000155	ińs
	Phone	: (561)620-0656	gy (
	Fax Number	: (561)620-0657	(1.1
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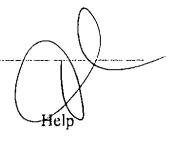
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REGISTERED AGENT RESIGNATION KIMBERLY ERIN CRUZ PA

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COVER LETTER

DAVID S. TOBIN, ESQ. at () (Area Code & Daytime Telephone Nur	nber)
For further information concerning this matter, please call:	
(City/State and Zip Code)	
BOCA RATON, FLORIDA 33432	
(Address)	-
225 N.E. MIZNER BOULEVARD, SUITE 510	ANIO: 49
(Name of Firm/Company)	
TOBIN, REYES, ALVAREZ & DE BIASE, PLLC	
(Name of Person)	0
DAVID S. TOBIN, ESQ.	2023 SEP 21
Please return all correspondence concerning this matter to the following:	. 26
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted	ed for filing.
DOCUMENT NUMBER: P18000000482	
(Name of Corporation)	
SUBJECT:	
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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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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 undersign	med. TOBIN, REYES, ALVAREZ & DE BIASE, PLLC
	(Name of Registered Agent)
hereby resigns as Registered	Agent for
nerecy resigns as recgistered	(Name of Corporation)
P18000000482	
(Document Number, if kn	own)
A copy of this resignation wa	is mailed to the above listed corporation at its last known address
The agency is terminated and this statement is filed.	the office discontinued on the 31st day after the date on which
	SSC 2
	(Signature of Resigning Agent)
If signing on behalf of an enti	ity:
DAVID S. TO	DBIN, ESQ.
	(Typed or Printed Name)
MANAGER	
	(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

CR2E046 (12/19)