

P 1800000482

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : TOBIN & REYES, P.A.
Account Number : 120000000155
Phone : (561)620-0656
Fax Number : (561)620-0657

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REGISTERED AGENT RESIGNATION

KIMBERLY ERIN CRUZ PA

Certificate of Status	0
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H23000332135 3**COVER LETTER****TO:** Amendment Section
Division of Corporations**SUBJECT:** KIMBERLY ERIN CRUZ PA

(Name of Corporation)

DOCUMENT NUMBER: P18000000482

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:

DAVID S. TOBIN, ESQ.

(Name of Person)

TOBIN, REYES, ALVAREZ & DE BIASE, PLLC

(Name of Firm/Company)

225 N.E. MIZNER BOULEVARD, SUITE 510

(Address)

BOCA RATON, FLORIDA 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID S. TOBIN, ESQ.

at (561) 620-0656

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**FILED**
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TALLAHASSEE, FL**H23000332135 3**

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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 undersigned, TOBIN, REYES, ALVAREZ & DE BIASE, PLLC

(Name of Registered Agent)

hereby resigns as Registered Agent for KIMBERLY ERIN CRUZ PA

(Name of Corporation)

P18000000482

(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:

DAVID S. TOBIN, 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

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