P1800000 1816

(F	Requestor's Name)	
	Address)	
(/	Address)	<u></u>
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
])	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	to Filing Officer:	<u> </u>
	#	
	\$87,50	
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RIA-Resign

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Precision Screen Enclosures, Inc. (Name of Corporation)
DOCUMENT NUMBER: P1800001816
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:
Jose Flores Saldana (Name of Person)
Precision Scren Enclosures, Inc. (Name of Firm/Company)
28790 S. Diesel Dr. (Address)
bonita Springs, FL 34135 (City State and Zip Code)
For further information concerning this matter, please call:
Tose Flores Saldana at (239) 319-5982 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
" Ala manus
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,			
Florida Statutes, the undersigned, Florida Statutes, the undersigned, (Name of Registered Agent)			
hereby resigns as Registered Agent for Precision Screen Enclosures, Inc. (Name of Corporation)	-		
P18000001816 (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.		19 F	
(Signature of Resigning Agent) If signing on behalf of an entity:		EB -0 PH	
(Typed or Printed Name)	: `,;	3: 24	<u></u>
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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