

P18000011724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

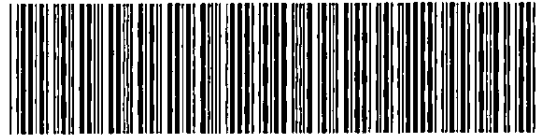
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2023 APR -3 PM 4:00

SECRETARY OF STATE
TOLSON/MASTERS/FL

RA Resignation

JUL 06 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NF CONSTRUCTIONS & DEVELOPMENTS CORP
(Name of Corporation)

DOCUMENT NUMBER: P18000011724

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:

RAFAEL CHIQUITO
(Name of Person)

RC CPA SERVICES CORP
(Name of Firm/Company)

1820 N CORPORATE LAKES BLVD
(Address)

STE 105 WESTON FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL CHIQUITO at (954) 937 1637
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

2023 APR -3 PM 4:00

COMPTROLLER OF
TREASURY

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

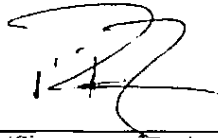
Florida Statutes, the undersigned, RC CPA SERVICES CORP
(Name of Registered Agent)

hereby resigns as Registered Agent for NF CONSTRUCTIONS & DEVELOPMENTS CORP
(Name of Corporation)

P18000011724
(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:

RAFAEL CHIQUITO
(Typed or Printed Name)

OWNER
(Capacity)

FILED
2023 APR -3 PM 4:00
STATE OF FLORIDA
TALLAHASSEE

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