P180000 18076

(Re	questor's Name)	
(Ad	dress)	
(Adi	dress)	<u></u>
(Cit	y/State/Zip/Phone	e#) ,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(55	omeoo zmity wan	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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2022 JUL-5 PH 2: 12



COVER LETTER

TO:	Amendment Section Division of Corporations
SHR	Resignation of Registered Agent - 2YOU USA Inc. ECT:
301)	(Name of Corporation)
DOC	UMENT NUMBER: P18000018076
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
Gabri	rle Anhuf
	(Name of Person)
Allure	International Tax Consulting
	(Name of Firm/Company)
3665	Bonita Beach Road, Suite 1-3
	(Address)
Bonita	Springs, FL 34134
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Gabri	ele Anhut 239 992-3355 at ()
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned.	Allure Accounting, Inc.	
(Name of Registered Agent)		
hereby resigns as Registered Agen	at for 2You USA Inc. (Name of Corporation)	
P18000018076	(ane of Corporation)	
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its last known address.	
The agency is terminated and the of this statement is filed.	Office discontinued on the 31st day after the date on which (Signature of Resigning Agent)	
If signing on behalf of an entity:		
Marena Loeffler	(Typed or Printed Name)	
	SSE 5	
President		
	(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withdrawn corporation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