P18000025298

| (Requestor's Name) | |
|---|-------------|
| (Address) | _ |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Taste of Haiti Miami Inc. (Name of Corporation) |
| DOCUMENT NUMBER: P18000025298 |
| 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: |
| Adeline Pierre-Louis (Name of Person) |
| (Name of Firm/Company) |
| 3920 SW 52nd Avenue. (Address) |
| Pembroke Park Fl. 33023 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Adeline Pierre- Louis at (186) 355 - 8265 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



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FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETALL OF STATE TALLAHASSEE, FL

April 4, 2022

ADELINE PIERRE-LOUIS 3820 SW 52ND AVENUE PEMBROKE PARK, FL 33023

SUBJECT: TASTE OF HAITI MIAMI, INC.

Ref. Number: P18000025298

We have received your document for TASTE OF HAITI MIAMI, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 922A00007766

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, Adeline Pierre-Louis (Name of Registered Agent) |
| hereby resigns as Registered Agent for Taste of Haiti Miami Inc (Name of Corporation) |
| P18000035298 (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) |
| (Signature of Resigning Agent) If signing on behalf of an entity: |
| |
| (Typed or Printed Name) |
| (Capacity) |
| (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