# P180000 48328

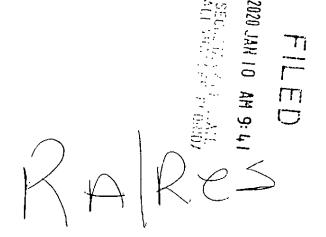
(Rec	questor's Name)			
`	,			
(Add	dress)			
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(City	y/State/Zip/Phone #)	•		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name)			
(Document Number)				
(00	cument Number)			
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### **COVER LETTER**

	(Name of Person) at (Area C	Code & Daytime Telephone Number)
Jerald (	C. Cantor 954	966-1820
For fur	ther information concerning this matter, please ca	all:
	(City/State and Zip Code)	<del></del>
Hollyw	ood, FL 33021	
	(Address)	_
4000 H	ollywood Blvd., Suite 500 N	
	(Name of Firm/Company)	
Phillips	, Cantor & Shalek, P.A.	
	(Name of Person)	
Jeralld (	C. Cantor	
Please	return all correspondence concerning this matter	to the following:
	iclosed Resignation of Registered Agent for a Cor	
DOG	JMENT NUMBER: P18000048328	oration,
SUBJI	All Floorzz & More Inc. ECT: (Name of Corp	poration)
	·	
TO:	Amendment Section Division of Corporations	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sect	tions 607.0502(2), 617.0502(2), 607.1509, c	or 617.1509,
Florida Statute	s, the undersigned,	Phillips, Cantor & Shalek, P.A.	
		(Name of Registered Agent)	
hereby resigns	as Registered Age	ant for	
neredy resigns	da Registered Age.	(Name of Corporation)	
P18000048328			
(Docume	ent Number, if known)		
A copy of this	resignation was ma	ailed to the above listed corporation at its la	ast known address.
The agency is this statement		office discontinued on the 31st day after th	e date on which
		(Signature of Resigning Agent)	<del>_</del>
If signing on b	ehalf of an entity:		
	Jerald C. Cantor		2020. SEC
		(Typed or Printed Name)	PIL  2020 JAN 10  SELVENSIA  ———————————————————————————————————
	V.P.		
		(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