

# P18000060296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED  
2023 MAR 15 PM 12:09  
SECRETARY  
TALLAHASSEE, FL

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FOUR SEASONS INC  
(Name of Corporation)

DOCUMENT NUMBER: P18000060296

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

OSBRI D. HERNANDEZ  
(Name of Person)

FOUR SEASONS INC  
(Name of Firm/Company)

2128 NE 4th CT  
(Address)

BOYNTON BEACH, FL 33435  
(City/State and Zip Code)

For further information concerning this matter, please call:

OSBRI HERNANDEZ at ( 561 ) 932-9304  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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**

FILED  
2023 MAR 15 PM 12:10  
SECRETARY OF  
TALLAHASSEE, FL

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

Florida Statutes, the undersigned, MAXIVVER HERNANDEZ  
(Name of Registered Agent)

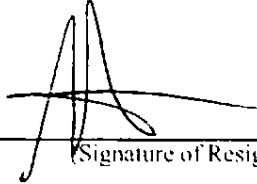
hereby resigns as Registered Agent for FOUR SEASONS INC  
(Name of Corporation)

P18000060296

(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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(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withdrawn corporation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