

P18000060296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

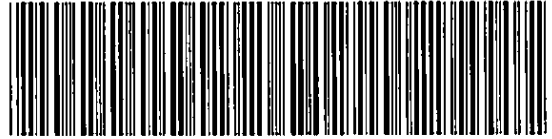
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SECRETARY OF STATE  
TALLAHASSEE, FL

old Resignation

JUN 01 2023

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FOUR SEASONS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P18000060296

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:

OSBRI 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

(Name of Person)

at ( 561 ) 932-9304

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

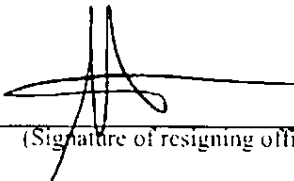
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SECRETARY OF STATE  
TALLAHASSEE, FL

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MAXIVVER HERNANDEZ, hereby resign as PRESIDENT  
(Title)

of FOUR SEASONS INC  
(Name of Corporation)

P18000060296, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314