P18000082094

(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:					





000373163530

09/20/21--01037--002 **2135.00

021 OCT 12 PM 2: 17

COVER LETTER

10:	Division of Corporations
SUBJE	TCT- NMartinez Cleaning Service Inc
J () [] [(Name of Corporation)
OOCU	JMENT NUMBER: P18000082094
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for fili
	return all correspondence concerning this matter to the following:
10430	total an correspondence concerning and matter to the following.
R	Robert J. Neary, Esq.
	(Name of Person)
Ko	ozyak Tropin & Throckmorton
	(Name of Firm/Company)
25:	25 Ponce de Leon, Blvd., 9th Floor
	(Address)
Со	oral Gables, FL 33134
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Robert	J. Neary at (305) 372-1800
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	ns 607.0503(2), 617.0502(2), 607.15	09, or 617.1509,		
Florida Statutes, the undersigned,	MJ Tax Services and More, Inc			
, , , , , , , , , , , , , , , , , , ,	(Name of Registered Agent)			
hereby resigns as Registered Agent	for NMartinez Cleaning Service Inc			
	(Name of Corporation	on)		
<u>P</u> 18000082094				
(Document Number, if known)				
A copy of this resignation was maile	ed to the above listed corporation at i	its last known address.		
The agency is terminated and the of this statement is filed.	fice discontinued on the 31st day after	er the date on which		
		ZOZI OCT I SECRENI SALLAI		
	(Signature of Resigning Agent)	- 3 7 - 5		
If signing on behalf of an entity:		PH 21		
Corali Lopez-Castro, I	Esq.			
	(Typed or Printed Name)			
_Court-appointed Rece	eiver for MJ Taxes and More			
	(Capacity)	<u> </u>		

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