# P19000000553

(Requestor's Name)
(Address)
(Address)
(Address)
·
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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20 od/11/20

# **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: VIVO Landscape Design on the Spot,	Inc	. ,
(1	Name of Corpora	tion)
DOCUMENT NUMBER: P19000000553		
The enclosed Resignation of Registered Age	ent for a Corpor	ration and fee are submitted for filing.
Please return all correspondence concerning	g this matter to t	he following:
Silvia Barcelona		
(Name of Person)		_
(Name of Firm/Company)		-
11215 NE 8th Avenue		
(Address)		_
Biscayne Park, FL 33161		
(City/State and Zip Code)		_
For further information concerning this mat	ter, please call:	
Hildebardo Pena	305 at (	766-8601
(Name of Person)	(Area Code	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections (	607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Silv	ia Barcelona
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Vivo Landscape Design on the Spot, Inc.
neretry resigns as registered regent for	(Name of Corporation)
P19000000553	
(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 offic this statement is filed.	e discontinued on the 31st day after the date on which  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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Taliahassee, FL 32314

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120 JUL 27 PH 3: 00

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