

PIA 000009613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

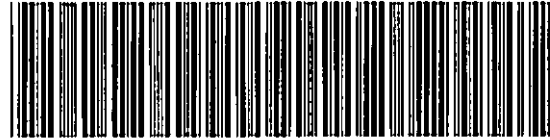
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300368925423

07/30/2021 07:52:52

07/30/2021
JH

2021 JUL 12 AM 5:52
OFFICE OF THE
CLERK OF THE
COURT

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Davis & Giardino II, PA
(Name of Corporation)

DOCUMENT NUMBER: P19000009613

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:

Douglas Brent Davis
(Name of Person)

Davis, Giardino & Hrivnak, P.A.
(Name of Firm/Company)

2161 Palm Beach Lakes Blvd., Suite 317
(Address)

West Palm Beach, Florida 33409
(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas Brent Davis at (561) 514-0305
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Richard Giardino

(Name of Registered Agent)

hereby resigns as Registered Agent for Davis & Giardino II, PA

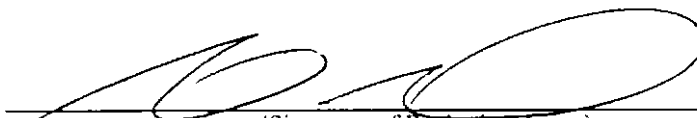
(Name of Corporation)

P19000009613

(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)

2021 JUL 12 AM 5:52
RECEIVED
STATE OF FLORIDA
CORPORATION DIVISION

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