

P19 000018516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

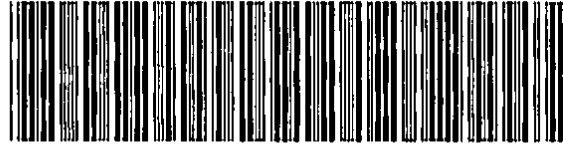
(Business Entity Name)

(Document Number)

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2021 JAN 21 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FL

3/11/21

COVER LETTER

TO: Amendment Section
Division of Corporations
V3 ENTERPRISES, INC.

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: P19000018516 _____

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:

Alecia Andersen

(Name of Person)

V3 Enterprises, Inc.

(Name of Firm/Company)

235 3rd Ave. N. Apt 453

(Address)

St. Petersburg, FL 33701

(City/State and Zip Code)

For further information concerning this matter, please call:

Alecia Andersen

727

286-1286

(Name of Person) at (_____) _____
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED

2021 JAN 21 PM 6:20

SECRETARY OF STATE

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, and 617.1509, E. FL.

Florida Statutes, the undersigned,

Dom Law, PA

(Name of Registered Agent)

V3 ENTERPRISES, INC.

hereby resigns as Registered Agent for

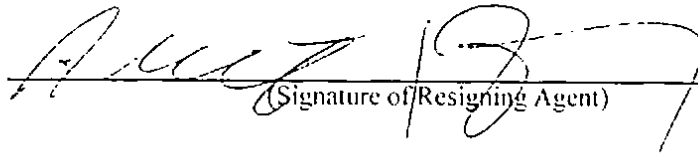
(Name of Corporation)

P19000018516

(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:

Alberto Rodriguez on behalf of Dom Law, PA

(Typed or Printed Name)

CFO/Director

(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