

P19000023649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

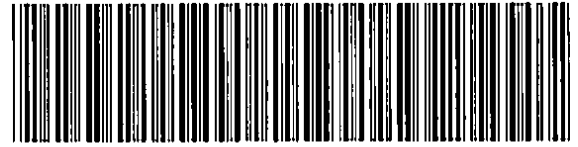
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PA Resign.

JUN 04 2020

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PKINNS DERMATOLOGIST CO

(Name of Corporation)

DOCUMENT NUMBER: P19000023649

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:

WILLIAM MAYVILLE

(Name of Person)

PKINNS DERMATOLOGIST CO

(Name of Firm/Company)

270 LOCHAR DR.

(Address)

JUPITER, FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM E. MAYVILLE at (_____) 305-773-5155

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

(Name of Registered Agent)

hereby resigns as Registered Agent for PKINNS DERMATOLOGIST CO

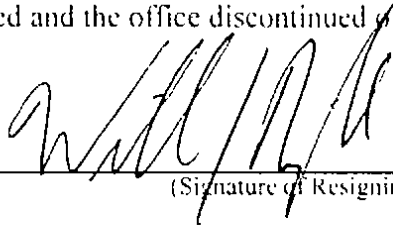
(Name of Corporation)

P19000023649

(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:

William E. Mayville

(Typed or Printed Name)

(Capacity)

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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

STATEMENT OF FACT
FOR
DOCUMENT RECORDED WITH
FLORIDA DEPARTMENT OF STATE

SECTION A – Business Entity Information

Name of Business Entity: PKINNS DERMATOLOGIST CO

Florida Department of State Document/Registration Number: P19000023649

SECTION B – Name and Address of Individual Submitting Form

Name: William E. Mayville

Address: 270 Locha Dr., Jupiter, FL 33458

SECTION C – Identify Department of State Document Filed

Title of the Document Filed: Electronic Articles of Incorporation

900345805569

Date of Filing: 3/14/2019

Section D – Reason(s) for Submission

 X Document was filed without my authorization, knowledge or consent.

 Document contains false, misleading or fraudulent information.

STATE OF FLORIDA

COUNTY OF PALM BEACH

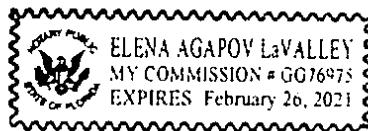
Acknowledged before me this 2 day of JUNE , 20 20 , by

 WILLIAM E. MAYVILLE .

 Elena Agapov LaValley

Signature of Notary Public

(Seal)



 ELENA AGAPOV LAVALLEY

Print, Type/Stamp Name of Notary

Personally known: X OR Produced Identification:

Type of Identification Produced: