

P19000065748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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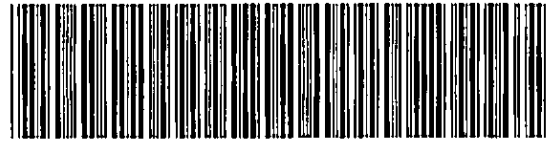
(Business Entity Name)

(Document Number)

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Resignation of  
RA

13.14/22 -01013 -117 \*\*35.11

STATE OF ARIZONA  
DEPARTMENT OF REVENUE

2022 FEB 14 AM 11:40

FILED

A. RAMSEY

FEB 22 2022

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CIDC, INC  
(Name of Corporation)

DOCUMENT NUMBER: P19000065748

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:

INNA YASHCHYSHYN  
(Name of Person)

(Name of Firm/Company)

3470 EAST COAST AVE UNIT 2007  
(Address)

MIAMI, FL 33137  
(City/State and Zip Code)

For further information concerning this matter, please call:

INNA YASHCHYSHYN at ( 305 ) 376-1498  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

2022 FEB 14 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, **INNA YASHCHYSHYN**

(Name of Registered Agent)

hereby resigns as Registered Agent for **CIDC, INC**


(Name of Corporation)

**P19000065748**

(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.

 2/7/22  
(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  
Tallahassee, FL 32314**