17,C87000078271

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	DOMINGOS BODEGA FOOD & DELI INC		
	(Name of	`Corporati	on)
DOC	UMENT NUMBER: P19000078271		
The e	nclosed Resignation of Registered Agent for	а Согрога	ition and fee are submitted for filing.
Pleas	e return all correspondence concerning this m	atter to th	ne following:
DOMI	NGO A ESPINAL ALMONTE		
	(Name of Person)		
	(Name of Firm/Company)		
16125	SW 65TH LN		
	(Address)		
MIAM	II, FL 33193		
	(City/State and Zip Code)		
For fu	orther information concerning this matter, plea	ise call:	
DOMI	NGO A ESPINAL ALMONTE 71	7	344-3150
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, DOMINGO A ESPINAL ALMONTE	
(Name of Registered Agent)	
hereby resigns as Registered Agent for DOMINGOS BODEGA FOOD & DELI INC	
(Name of Corporation)	
P19000078271	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	2022 DEC
(Signature of Resigning Agent)	20
If signing on behalf of an entity:	23
	2
	
(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withdrawn corporation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