

(Re	equestor's Name)	-
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE

JQ voloslao

COVER LETTER

Division of Corporations		
SUBJECT: FLORIDA CANES, INC		
	(Name of Corpo	oration)
DOCUMENT NUMBER: P2000000	00304	
The enclosed Resignation of Register	red Agent for a Corp	poration and fee are submitted for filing
Please return all correspondence conc	cerning this matter	to the following:
RESIGNATION DEPARTMENT		
(Name of Person	n)	
CORPORATION SERVICE COMPANY		
(Name of Firm/Com	npany)	
80 STATE STREET		
(Address)		
ALBANY NY 12207		
(City/State and Zip	Code)	
For further information concerning th	nis matter, please ca	11:
RESIGNATION DEPARTMENT	518 at (433-7018
(Name of Person)	(Area C	ode & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

TO: Amendment Section

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 section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	CORPORATION SERVICE COMPANY
Tromas Examples, and anadra gradat	(Name of Registered Agent)
hereby resigns as Registered Agen	t for
neroty reingin do registered riger	(Name of Corporation)
P2000000304	
(Document Number, if known)	
A copy of this resignation was ma	iled to the above listed corporation at its last known address.
The agency is terminated and the other this statement is filed.	office discontinued on the 31st day after the date on which
Pr	(Signature of Resigning Agent)
If signing on behalf of an entity:	
BY ROBIN MOLT	
	(Typed or Printed Name)
ASST SECRETAR	Y
	(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withdrawn corporation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