P20000012519

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COVER LETTER

Division of Corporations	
CMG SPHERA CORP. SUBJECT:	
(Name of Corp	poration)
DOCUMENT NUMBER: P20000012519	
The enclosed Resignation of Registered Agent for a Co	rporation and fee are submitted for filing
Please return all correspondence concerning this matter	to the following:
Karen Campbell	
(Name of Person)	
(Name of Firm/Company)	
735 S Shore Dr	
(Address)	
Miami Beach, FL 33141	
(City/State and Zip Code)	
For further information concerning this matter, please c	all:
Karen Campbell 786	258-6755
(Name of Person) at (at (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

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 th	•	ns 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statut	es, the undersigned.	(Name of Registered Agent)
		CMG SPHERA CORP.
hereby resions	s as Registered Agent	for
nereo, reagn	s as registered . igen	(Name of Corporation)
P20000012519		
(Docum	nent Number, if known)	
A copy of this	s resignation was mail	ed to the above listed corporation at its last known address
The agency is this statement		fice discontinued on the 31st day after the date on which
		(Signature of Resigning Agent)
If signing on t	behalf of an entity:	2021
	Karen Campbell	2021 . IAN 2.6
		(Typed or Printed Name)
		-3 -3
	President	<u>స</u>

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)