

P20000029050

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : I20160000074
Phone : (407)839-4277
Fax Number : (407)839-4264

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LLC REGISTERED AGENT RESIGNATION
JOHN P ROSHIO INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$85.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: John P Roshio Inc

(Name of Corporation)

DOCUMENT NUMBER: P20000029050

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:

Joann Peters

(Name of Person)

Atlas International Technology Services LLC

(Name of Firm/Company)

523 N Peninsula Dr

(Address)

Daytona Beach, FL 32118

(City/State and Zip Code)

For further information concerning this matter, please call:

Joann Peters at (386) 524-5882

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Atlas International Technology Services LLC
(Name of Registered Agent)

hereby resigns as Registered Agent for John P Roshio Inc
(Name of Corporation)

P20000029050
(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.

JoAnn Peters
(Signature of Resigning Agent)

If signing on behalf of an entity:

Joann Peters
(Typed or Printed Name)

Authorized Representative
(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