

P20 000039426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

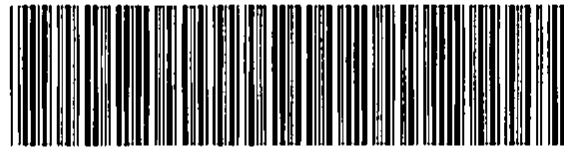
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RIA-Resign

COVER LETTER

January 7, 2021

TO: **Amendment Section**
Division of Corporations

SUBJECT: **A AND B CONSULTANT INC.**
(Name of Corporation)

DOCUMENT NUMBER: **P20000039426**

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:

Peter C. Bianchi, Jr.
(Name of Person)

Peter C. Bianchi, Jr., Attorney at Law
(Name of Firm/Company)

7880 SW 141 Street
(Address)

Palmetto Bay, FL 33158
(City, State and Zip Code)

For further information concerning this matter, please call:

Peter C. Bianchi, Jr., Attorney at Law at **(786) 443 - 3171**
(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of State for \$87.50 for an active corporation (or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation).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:

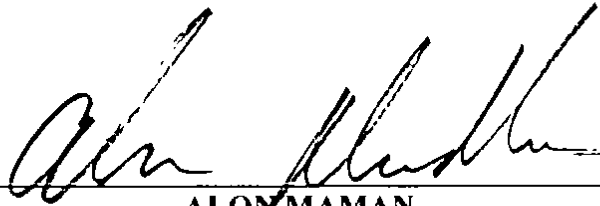
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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, ALON MAMAN hereby resigns as Registered Agent for A AND B CONSULTANT INC. (Document Number P20000039426).
(Name of Registered Agent) (Name of Corporation) (Document Number, if known)

This resignation was on January 4, 2021, hand-delivered to Peter C. Bianchi, Jr. (Florida Bar No. 0842419), general counsel for the above listed corporation, whose address is 7880 SW 141 Street, Palmetto Bay, Florida 33158. My agency is terminated and the Registered Office discontinued effective January 31, 2021 or upon recordation of documents announcing appointment of a successor Registered Agent and Registered Office. I have retained a copy for my records.

By:



ALON MAMAN

(Signature of Resigning Agent)

If signing on behalf of an entity:

N/A

(Typed or Printed Name)

N/A

(Capacity)

2021 FEB -9 AM 7:18

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**