

P20000054238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

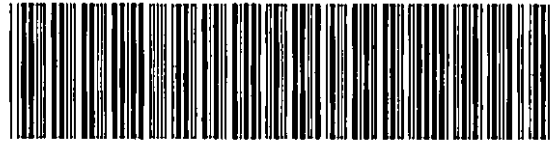
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000374410940

10/08/21--01011--006 \*\*87.50

2021 NOV 15 PM 3:00

RA/RES

NOV 18 2021  
ALBRITTON

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NORF, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P20000054328

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:

Julie Alcoverde  
(Name of Person)

NORF, Inc.  
(Name of Firm/Company)

902 Fifth Ave  
(Address)

Lehigh Acres, FL. 33972  
(City/State and Zip Code)

For further information concerning this matter, please call:

Julie Alcoverde at ( 779 ) 279-1704  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 NOV 15 PM 11:04

October 16, 2021

JULIR ALCOVERDE  
902 FIFTH AVE  
LEHIGH ACRES, FL 33972

SUBJECT: NORF INC.  
Ref. Number: P20000054238

We have received your document for NORF INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

You failed to sign the form and list the document number in the spaces provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 121A00025234

**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, United States Corporation Agents, Inc.  
(Name of Registered Agent)

hereby resigns as Registered Agent for NORF, Inc.  
(Name of Corporation)

P20000054328  
(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.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Cheyenne Moseley  
(Typed or Printed Name)

Agent  
(Capacity)

2021/11/15 PM 3:00

**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