orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H230004191713)))



H230004191713ABC

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : RIVEROS CORP. Account Number : I20190000048 Phone : (305)507-8464

Fax Number : (239)228-2074

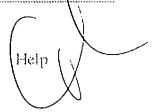
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT RESIGNATION NEPTUNO TRADING INC

Estimated Charge	\$35.00
Certified Copy Page Count	0
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COVER LETTER

TO: Amendment Section Division of Corporations	
NEPTUNO TRADING INC	
(Name of Corporation	on)
DOCUMENT NUMBER: P20000055639	
The enclosed Resignation of Registered Agent for a Corporat	tion and fee are submitted for filing.
Please return all correspondence concerning this matter to the	
ZULMA RIVEROS	2023 DEC
(Name of Person)	
NEPTUNO TRADING INC	工 8
(Name of Firm/Company)	SSE
175 SW 7th ST. Suite 1905	AMII: 12
(Address)	2
MIAMI, FL 33130	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
at (4395138
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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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, ZULMA RIVEROS
(Name of Registered Agent)
hereby resigns as Registered Agent for NEPTUNO TRADING INC
(Name of Corporation)
P20000055639
(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)
(Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(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