P20000061835

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Only Otale/2.lp/1 Hone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Entry Harrie)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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COVER LETTER

	Amendment Section Division of Corporations
SUBJE	
	(Name of Corporation)
DOCU	1ENT NUMBER: P200000061835
The enc	osed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
Max Sala	S .
	(Name of Person)
MIGRA	TVE INC
	(Name of Firm/Company)
8850 NV	36TH ST APT 2336
	(Address)
DORAL	FL 33178
	(City/State and Zip Code)
For furt	ner information concerning this matter, please call:
Max Sala	s 786 6670250 at ()
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, o	r 617.1509,	
Florida Statutes, the undersigned, MIGRATIVE INC		
(Name of Registered Agent)		
hereby resigns as Registered Agent for NEODIILER USA CORP		
(Name of Corporation)		
P20000061835		
(Document Number, it known)		
A copy of this resignation was mailed to the above listed corporation at its las	t known address.	
The agency is terminated and the office discontinued on the 31st day after the this statement is filed.	date on which	
(Signature of Resigning Agent)		
If signing on behalf of an entity:	F L 2021 SEP -7 SEAL CALA	
Max 8abs	P-7	
(Typed or Printed Name)	— SSEE	
CEO	9: 57 9: 57	
(Capacity)	~ ~ _	
	V.	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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