

P21 0000003831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

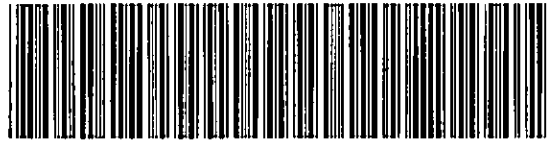
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200388598542

06/07/22--01026--015 **87.50

2022 JUN -7 AM 7:46
FILE

cf 8/21/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THIRDCROWD INC.
(Name of Corporation)

DOCUMENT NUMBER: P21000003831

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:

Jennifer Altreche, Esq.

(Name of Person)

Easler Law, PLLC

(Name of Firm/Company)

508 N Harbor City Blvd

(Address)

Melbourne, Florida, 32935

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Altreche _____ at (321) 206-3603
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

2022 JUN -7 AM 7:47

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Easler Law, PLLC

(Name of Registered Agent)

hereby resigns as Registered Agent for THIRDCROWD INC.

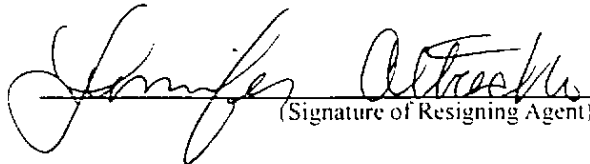
(Name of Corporation)

P21000003831

(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:

Jennifer Altreche, Esq.

(Typed or Printed Name)

Attorney

(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