721000013082

(Req	uestor's Name)	
(Addi	ress)	
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(Addi	1622)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(D	in and Fukka Mar	
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies Certificates of Status		s of Status
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Special Instructions to Fi	iling Officer.	
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DEC - 2 2022

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/30/22

NAME: MIDARICO, INC

TYPE OF FILING: RESIGNATION

COST:

87.50

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE Olskie Hodge

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	MIDARICO, INC
	(Name of Corporation)
DOC	UMENT NUMBER: P21000013082
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
LEISA	PICHARD
	(Name of Person)
FLOR	IDA FILING & SEARCH SERVICES
	(Name of Firm/Company)
155 O	FFICE PLAZA DRIVE
	(Address)
TALL	AHASSEE, FL 32301
	(City/State and Zip Code)
For fe	orther information concerning this matter, please call:
LEISA	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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FIZD

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION NOV 30 AM 7: 39

SECRETARY OF STATE
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Florida Filing? Sunch Services, inc. (Name of Registered Agent)
hereby resigns as Registered Agent for MIDARICO, INC (Name of Corporation)
P21000013082
(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 Agenu)
If signing on behalf of an entity:
ABBIE HODGE
(Typed or Printed Name)
SR VICE PRESIDENT
(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