

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : KTORRES SERVICES CORP  
Account Number : I20230000111  
Phone : (954)380-0755  
Fax Number : (954)858-5117

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT RESIGNATION  
MARQUES PROFESSIONAL SERVICES CORP**

Certificate of Status	0
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Estimated Charge	\$87.50

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Corporate Filing Menu

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MARQUES PROFESSIONAL SERVICES CORP  
\_\_\_\_\_  
(Name of Corporation)

DOCUMENT NUMBER: P21000015497  
\_\_\_\_\_

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:

KAROLINA TORRES  
\_\_\_\_\_

(Name of Person)

KTORRES SERVICES CORP  
\_\_\_\_\_

(Name of Firm/Company)

201 SE 15TH TER STE 211  
\_\_\_\_\_

(Address)

DEERFIELD BEACH FL 33441  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

KAROLINA TORRES  
\_\_\_\_\_

(Name of Person)

at ( 954 ) 380-0755

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

SEP 13 2023 PM 12:33  
TALLAHASSEE, FL

FILED

## 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, KTORRES SERVICES CORP

(Name of Registered Agent)

hereby resigns as Registered Agent for MARQUES PROFESSIONAL SERVICES CORP

(Name of Corporation)

P21000015497

(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:

(Typed or Printed Name)

(Capacity)

STATE OF FLORIDA  
TALLAHASSEE, FL

2023 SEP 13 PM 12:33

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### 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