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# MICHAEL EDWARDS, P.A.

#### ATTORNEY AT LAW Telephone (772) 335-4949 michaeledwardslaw@gmail.com

#### **Physical Address**

**Mailing Address** 

1860 SW Fountainview Blvd. Port St. Lucie, Florida 34986 P.O. Box 880965 Port St. Lucie, Florida 34988

June 19, 2024

#### VIA FEDERAL EXPRESS DELIVERY

Registration Section
State of Florida Division of Corporation
The Centre of Tallahassee
2415 N. Monroe Street
Suite 810
Tallahassee, Florida 32303

RE: EA Florida Services, Inc.

Document Number: P21000016227

Dear Sir or Madam:

In connection with the captioned corporation, please find enclosed the Cover Letter, Resignation of Registered Agent for a Corporation and our firm's check in the amount of \$87.50 to cover the filing fee for same.

Please feel free to contact me should you need anything further in this matter.

With kind regards,

MICPIAEL EDWARDS

Michael Edwards

President

ME/se enc.

#### **COVER LETTER**

Divisio	n of Corporations
SUBJECT:	EA Florida Services, Inc.
	(Name of Corporation)
DOCUMENT	NUMBER: P21000016227
The enclosed I	Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return a	Il correspondence concerning this matter to the following:
Michae]	Edwards, Esquire
Michael	(Name of Person)  Edwards, P.A.
rirciiae.	Luwarus, I.A.
	(Name of Firm/Company)
1860 SW	Fountainview Boulevard
	(Address)
Port St	Lucie, Florida 34986 (City/State and Zip Code)
Car further inf	ormation concerning this matter, please call:
roi lutinei iiti	ormation concerning this matter, please can.
Nichael	Edwards at (772) 335-4949 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

# **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, or 617.1509,
Florida Statutes, the undersigned, Michael Edwards, P.A. (Name of Registered Agent)
hereby resigns as Registered Agent forEA Florida Services, Inc(Name of Corporation)
P21000016227
(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:
Michael Edwards, P.A., Attorney at Law (Typed or Printed Name)
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