

P21000020551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

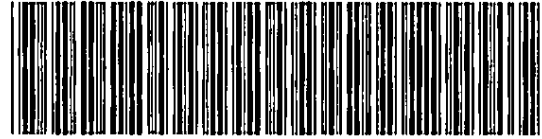
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700381831107

02/22/22--01027--011 **122.50

FILED

2022 FEB 22 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FL

g 2/28/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: R-A Woodcraft, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P21000020557

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:

Michèle Beckman
(Name of Person)

N/A
(Name of Firm/Company)

6652 Marina Pointe Village Ct. Apt 304
(Address)

Tampa, FL 33635
(City/State and Zip Code)

For further information concerning this matter, please call:

Michèle Beckman at (772) 631-9664
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, or 617.1509,

Florida Statutes, the undersigned, Michelle Beckman
(Name of Registered Agent)

hereby resigns as Registered Agent for R-A. Woodcraft, Inc.
(Name of Corporation)

P21000020551
(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.

Michelle Beckman
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
2022 FEB 22 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FL

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withdrawn corporation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**