7210000 24552

| (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: |
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Office Use Only



900370034249

A. Butler

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: ONCTIME GENT COTAIN MENT THE. (Name of Corporation) |
| DOCUMENT NUMBER: P2100024557 |
| 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: |
| (Name of Person) |
| (Name of Firm/Company) |
| Coles SE 10th Great #201 (Address) |
| Deexted Beach R 33444 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Augla Dalado at (454) 224.2318 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, QTA ASSOCIATES WC (Name of Registered Agent) | _ |
| hereby resigns as Registered Agent for | NC |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last known address | 3. |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. | : |
| Gignature of Resign)ng Agent) [Signature of Resign)ng Agent) | |
| If signing on behalf of an entity: | |
| Angela Delgado (Typed or Printed Nam) | |
| 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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