Division of Corporations Electronic Filing Cover Sheet

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(((H23000206889 3)))



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Division of Corporations

Fax Number : (850)617-6380

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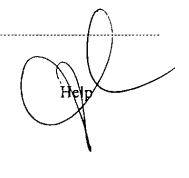
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	

REGISTERED AGENT RESIGNATION 1ST CABALLEROS BAIL BONDS INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$87.50

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*To: 18506176380 From: 19165767049 Date: 06/08/23 Time: 2:53 AM Page: 03/03

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ons of sections 607.0502(2), 617.0502(2), 607.1509, o.			
Florida Statutes, the ur	s LLC			
	(Name of Registered Agent)			
hereby resigns as Regis	stered Agent for 1ST CABALLEROS BAIL E	BONDS I	NC.	
	(Name of Corporation)			
P21000034344	4			
(Document Numb	er. if known)			
A copy of this resignat	ion was mailed to the above listed corporation at its las	st known ad	dress.	
The agency is terminat this statement is filed.	ed and the office discontinued on the 31st day after the	date on wh	2923 JUN	<u>_</u> <u>¥Ú</u>
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	(Signature of Resigning Agent)		AM	[7]
If signing on behalf of an entity:			H 8: 55	
ED	NA PERRY		Cri	
	(Typed or Printed Name)			
Asst	Secretary for Rocket Lawyer Corporate Services I	LLC		
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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