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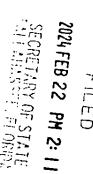
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	vision of Corporations		
SUBJECT	AICON GROUP, INCORPORATE	D	
		(Name of Corporat	ion)
DOCUME	ENT NUMBER: P21000063867		
The enclos	sed Resignation of Registered A	Agent for a Corpor	ation and fee are submitted for filin
Please retu	urn all correspondence concerni	ing this matter to t	he following:
LORENE S	EELER YOUNG, ESQUIRE		
	(Name of Person)		-
LORENE S	EELER YOUNG, P.A.		
	(Name of Firm/Company	·)	-
9124 GRIFF	FIN ROAD		
	(Address)		-
COOPER C	NTY, FL 33328		
	(City/State and Zip Code)	-
For further	r information concerning this m	atter, please call:	
LORENE S	EELER YOUNG	954	585-3967
	(Name of Person)	(Area Code	585-3967) & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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