lorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : RIVEROS CORP. Account Number : I20190000048 Phone : (305)507-8464 Fax Number : (239)228-2074

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 E.M. WORLDWIDE CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Help

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: E.M. WORLDWIDE CORP		
(Nar	ne of Corporat	ion)
DOCUMENT NUMBER: P210000076949	·	
The enclosed Resignation of Registered Agent	for a Corpor	ation and fee are submitted for filing.
Please return all correspondence concerning th	is matter to t	he following:
ZULMA RIVEROS		
(Name of Person)		
BCS BRICKELL CORPORATE SERVICES INC		
(Name of Firm/Company)		
175 SW 7th ST, Suite 1905		
(Address)	· · · · ·	
Miami FL 33130		
(City/State and Zip Code)		•
For further information concerning this matter,	please call:	
ZULMA RIVEROS	786 t (4395138
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0	0503(2), 617.0502(2), 607.1509, or 6	17.1509,		
Florida Statute	s, the undersigned, BCS BRIG	CKELL CORPORATE SERVICES INC			
	(Name of Registered Agent)				
hereby resigns	as Registered Agent for E.M.	. WORLDWIDE CORP			
norco y resigna	as Registered Figure 101	(Name of Corporation)			
P21000076949					
(Docum	ent Number, if known)				
A copy of this	resignation was mailed to the	e above listed corporation at its last k	cnown address.		
The agency is this statement		continued on the 31st day after the day	ate on which		
	(Signat)	re of Resigning Agent)	_		
If signing on b	ehalf of an entity:		2023 TĂĹ		
	ZULMA RIVEROS		DEC LAN	Ţ	
	(Турс	ed or Printed Name)	27 ASSE		
	PRESIDENT				
		(Capacity)	AHIO: 2: OF SINI E.FLORII		

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