# 21000091795

(Requestor's Name)
(Address)
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## Resignation of Registered Agent for a Corporation

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: (800) 345-4647 Fax: (800) 432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE: 4/17/2024 FLORIDA

REP UNIT:

IMAGINOVATION FINTECH

SOLUTIONS, INC.

Enclosed for filing please find a Resignation of Registered Agent for a Corporation for the above referenced name, which is to be filed in your office. Enclosed is check # 34176 in the amount of \$87.50 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION



Pursuant to the provisions of sections	ne provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.		
Florida Statutes, the undersigned.	Capitol Corporate Services, Inc.		
hereby resigns as Registered Ager	(Name of Registered Agent)		
IMAGINOVATION FINTECH	SOLUTIONS, INC.		
P21000097795	(Name of Corporation)		
(Document Number, if known)	<del></del>		
A copy of this resignation was ma	iled to the above listed corporation at its last known address.		
The agency is terminated and the other this statement is filed.	office discontinued on the 31st day after the date on which		
	MCC		
<del></del>	(Signature of Resigning Agent)		
If signing on behalf of an entity:			
	Yvette Cleveland		
	(Typed or Printed Name)		
	Assistant Secretary		
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

#### RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION
$\mathcal{P}_{\mathcal{P}}}}}}}}}}$
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  Florida Statutes, the undersigned, Capitol Corporate Services, Inc.  (Name of Registered Agent)  (Name of Registered Agent)
Florida Statutes, the undersigned, Capitol Corporate Services, Inc.
hereby resigns as Registered Agent for (Name of Registered Agent)
IMAGINOVATION FINTECH SOLUTIONS, INC.
(Name of Corporation)
P21000097795
(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.
(Signature of Resigning Agent)
If signing on behalf of an entity:
Yvette Cleveland
(Typed or Printed Name)
Assistant Secretary

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

(Capacity)

