

6/5/24, 3:17 PM

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000198049 3)))



H240001980493ABC4

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6380

## From:

Account Name : KTORRES SERVICES CORP  
Account Number : I20230000111  
Phone : (954)380-0755  
Fax Number : (954)858-5117

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

Email Address: Ktorres@ktorresservices.com

**REGISTERED AGENT RESIGNATION  
FA CONSTRUCTION & REMODELING CORP**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$87.50 |

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FA CONSTRUCTION & REMODELING CORP  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P21000102407  
\_\_\_\_\_

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:

KAROLINA TORRES  
\_\_\_\_\_

(Name of Person)

KTORRES SERVICES CORP  
\_\_\_\_\_

(Name of Firm/Company)

201 SE 15TH TER 211  
\_\_\_\_\_

(Address)

DEERFIELD BEACH, FL 33441  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

KAROLINA TORRES  
\_\_\_\_\_

(Name of Person)

at (

561

5620814

)  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, KTORRES SERVICES CORP

(Name of Registered Agent)

hereby resigns as Registered Agent for FA CONSTRUCTION & REMODELING CORP

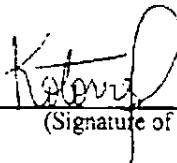
(Name of Corporation)

P21000102407

(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:

KAROLINA TORRES

(Typed or Printed Name)

PRESIDENT

(Capacity)

2024 JUL 10 AM 8:28

FILED

**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