

To

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2023-12-20 19:06:59 GMT

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From: ANGELA RAMSAY

P22 000022739

Florida 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 : NATIONWIDE CONTRACTOR LICENSING
Account Number : I20210000115
Phone : (954)233-0222
Fax Number : (813)441-8235

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

REGISTERED AGENT RESIGNATION
ARENAS, PARKS & STADIUMS SOLUTIONS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

2023 DEC 20 PM 2:29

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARENAS, PARKS & STADIUMS SOLUTIONS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P22000022739

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:

AMANDA BRIERLEY

(Name of Person)

NCL

(Name of Firm/Company)

29157 CHAPEL PARK DR STE A

(Address)

WESLEY CHAPEL, FL 33543

(City/State and Zip Code)

For further information concerning this matter, please call:

AMANDA BRIERLEY

954 233-0222
at ()

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, NATIONAL LICENSING CONSULTANTS, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for ARENAS, PARKS & STADIUMS SOLUTIONS, INC.

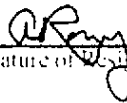
(Name of Corporation)

P22000022739

(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:

ANGELA RAMSAY

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

FILED
2023 DEC 20 AM 8:07
TALLAHASSEE, FL
DA:

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