P22000043440

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ry/State/Zip/Phone #	r)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
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COVER LETTER

TO: Amendment Section Division of Corporations	
BITONIT CORP SUBJECT:	
	(Name of Corporation)
DOCUMENT NUMBER: P22000043440	
The enclosed Resignation of Registered A	Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerni	ning this matter to the following:
RODRIGO N.	
(Name of Person)	
DARMEN USA CORP	
(Name of Firm/Company	iy)
470 ANSIN BLVD STE K	
(Address)	
HALLANDALE, FL 33009	
(City/State and Zip Code	le)
For further information concerning this m	matter, please call:
RODRIGO N.	954 454-9656 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

2022 OCT 31 AM 7: 35

SEGNC JF 5 [ATE TALL AHASSEE, FL] Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.
Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509.
Florida Statutes, the undersigned, DARMEN USA CORP
(Name of Registered Agent)
hereby resigns as Registered Agent for BITONIT CORP
(Name of Corporation)
P22000043440
(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:
RODRIGO NAHABETIAN
(Typed or Printed Name)
PRESIDENT
(Capacity)

Fee for filing this document:

S87.50 - Active Corporation S35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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