

P22000043747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

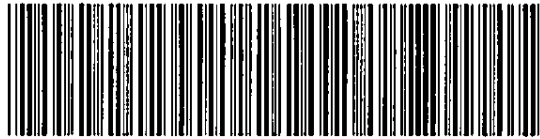
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Signature and title

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOMESTEAD PRODUCE DISTRIBUTION CORP

(Name of Corporation)

DOCUMENT NUMBER: P22000043747

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:

RAFAEL CHIQUITO

(Name of Person)

RC CPA SERVICES CORP

(Name of Firm/Company)

1820 N CORPORATE LAKES BLVD STE 105

(Address)

WESTON, FL 33326

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL CHIQUITO

(Name of Person)

954

9371637

at (_____)

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, RC CPA SERVICE CORP

(Name of Registered Agent)

hereby resigns as Registered Agent for HOMESTEAD PRODUCE DISTRIBUTION CORP

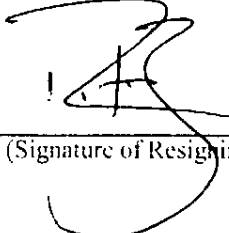
(Name of Corporation)

P22000043747

(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:

RAFAEL CHAWITO

(Typed or Printed Name)

REGISTERED AGENT

(Capacity)

2019 12 31 09:12

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2023

RAFAEL CHIQUITO
1820 N CORPORATE LAKES BLVD
STE 105
WESTON, FL 33326

SUBJECT: HOMESTEAD PRODUCE DISTRIBUTION CORP
Ref. Number: P22000043747

We have received your document for HOMESTEAD PRODUCE DISTRIBUTION CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 623A00022131