

P22000046899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

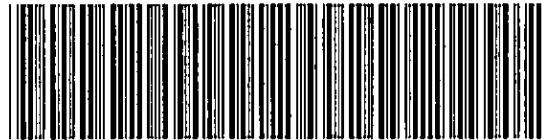
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400399443804

12/27/22--01013--010 **122.50

FILED

2022 DEC 27 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FL

Ra Resignation

MAR 09 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: W..PALM TAX INC

(Name of Corporation)

DOCUMENT NUMBER: P22000046899

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:

Brittney Fulghum

(Name of Person)

LegalCorp Solutions LLC

(Name of Firm/Company)

3 Greenway Plaza Ste 1320

(Address)

Houston, TX 77046

(City/State and Zip Code)

For further information concerning this matter, please call:

Brittney Fulghum

(Name of Person)

at (888) 534-3018

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 DEC 27 AM 8:09

FILED

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, LegalCorp Solutions LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for W..PALM TAX INC

(Name of Corporation)

P22000046899

(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:

Travis Crabtree

(Typed or Printed Name)

Member

(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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 DEC 27 AM 11:09

FILED