P2200056851

(Requestor's Name)		
(Address)		
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(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busine	ess Entity Name)	
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S. PRATHER

COVER LETTER

(Name of Person)		Code & Daytime Telephone Number)
	at ()
Terrence Ayala	305	444 3114
For further information concerning this m	natter, please ca	all:
(City/State and Zip Code	:)	
Coral Gables, FL 33134		
(Address)		
2701 Ponce De Leon Blvd, Suite 202		
(Name of Firm/Company	/)	
A1		
c/o Terrence Ayala, PL		
(Name of Person)	-	
Terrence Ayala		
Please return all correspondence concerni	ing this matter	to the tonowing:
	•	-
The enclosed Resignation of Registered A	Agent for a Cor	poration and fee are submitted for filing
DOCUMENT NUMBER: P22000056851		
P22000057051	(Name of Corp	oration)
FELGNERS GRAPHICS, INC. SUBJECT:	-	
•		
Division of Corporations		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0503(2), 617.0502(2), 607.1509, or 6	17.1509,	
Florida Statutes, the undersigned,	BECKER, TIMO A, P.A		
, and the desired, and the desired,	(Name of Registered Agent)		
hereby resigns as Registered Agen	for FELGNERS GRAPHICS, INC.		
ncreby resigns as Registered Agen	(Name of Corporation)		
P22000056851			
(Document Number, if known)			
A copy of this resignation was ma	led to the above listed corporation at its last k	cnown address.	
The agency is terminated and the of this statement is filed.	Office discontinued on the 31st day after the discontinued of the 31st day after the discontinued on the 31st day after the 31st day after the 31st day after the 31st day aft	ate on which 	
If signing on behalf of an entity.		¥Ľ 2⊞	
	TIMO A. BECKER, P.A.	704 JUH 21	
	(Typed or Printed Name)	—	
	AUTHORIZED REPRESENTATIVE		
	(Capacity)	— 55 Z	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Tallahussee, FL 32314