1722000056526

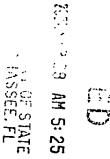
(Requestor's Name)
(Address)
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(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiliss Ellity Halle)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

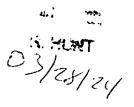
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Mora Automation & Controls Inc.		
(Name of Corporation) DOCUMENT NUMBER: P22000086526		
The enclosed Resignation of Registered Agent for a Corporation and fee are	e submitted for filing.	
Please return all correspondence concerning this matter to the following:		
United States Corporation Agents, Inc. (Name of Person)		
Legalzoom.com, Inc. (Name of Firm/Company)		
9900 Spectrum Dr. (Address)	4.28 A	[]
Austin, TX 78717 (City/State and Zip Code)	AM 5: 25 OF STATE	المساهدية المصيدية
For further information concerning this matter, please call:		
(Name of Person) at (800)773-088 (Area Code & Daytime Telep		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327

Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	sections 607.0502(2), 617.0502(2), 607.1509, o		9.	
Florida Statutes, the undersig	ned. United States Corporation Agents	i, Inc.		
	(Name of Registered Agent)			_
hereby resigns as Registered	Agent for Mora Automation & Con	trols Ir	ıc.	
in the second se	(Name of Corporation)			_
P22000086526				
(Document Number, if kno	own)			
A copy of this resignation wa	s mailed to the above listed corporation at its las	st known	addres	s.
The agency is terminated and this statement is filed.	the office discontinued on the 31st day after the	date on v	which	
	(Signature of Resigning Agent)			
If signing on behalf of an enti	ity:		- 4 - 4 - 7	
Cheyen	nne Moseley			
	(Typed or Printed Name)		ထ	
		- 200 - 200	AM	\$
Asst. Secre	etary for United States Corporation Agents, I	(TY)	2: 5:	(Land
 -	(Capacity)	 }}	120	

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