

27/12/23, 8:53

**P23000006198**

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : RIVEROS CORP.  
Account Number : I20190000048  
Phone : (305)507-8464  
Fax Number : (239)228-2074

TALLAHASSEE, FLORIDA

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**REGISTERED AGENT RESIGNATION**  
**WIROSCA CORP**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$87.50

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WIROSCA CORP  
(Name of Corporation)

DOCUMENT NUMBER: P23000006198

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:

ZULMA RIVEROS  
(Name of Person)

BCS BRICKELL CORPORATE SERVICES INC  
(Name of Firm/Company)

175 SW 7th ST, Suite 1905  
(Address)

Miami FL 33130  
(City/State and Zip Code)

For further information concerning this matter, please call:

ZULMA RIVEROS at ( 786 ) 4395138  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, BCS BRICKELL CORPORATE SERVICES INC

(Name of Registered Agent)

hereby resigns as Registered Agent for WIROSCA CORP

(Name of Corporation)

P23000006198

(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:

ZULMA RIVEROS

(Typed or Printed Name)

PRESIDENT

(Capacity)

RECEIVED  
TALLAHASSEE, FLORIDA

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**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