P23000009479

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

Office Use Only



600439046676

2025 JAN 13 AM IO: 59

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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ACCOUNT NUMBER: I20050000052

Sincerely,

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

ORDER FORM

FROM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

OUR REF # (Order ID#) Westley

REQUEST DATE	01/10/2025	PRIORITY	Routine
ORDER ENTITY	•		
JEANNINE PRI	NCIPE PULEO PA		
PLEASE PERFORM JEANNINE PRINCI		SERVICES:	
Please file the atta	ached resignation.		
NOTES:	a de la compania del compania de la compania del compania de la compania del la compania de la c	· · · · · · · · · · · · · · · · · · ·	
\$87.50 Authorize	ed		
RETURN/FORWA	RDING INSTRUCT	IONS:	-

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

то:	Amendment Section Division of Corporations		
SUBJ	ECT: JEANNINE F	RINCIPE PU	LEO PA
		(Name of Corporati	on)
DOC	UMENT NUMBER: P2300	0009479	
The e	nclosed Resignation of Registe	ered Agent for a Corpora	tion and fee are submitted for filing.
Please	e return all correspondence cor	ncerning this matter to th	c following:
We	estley Look		
	(Name of Pers	on)	
Inc	orporating Service	ces, Ltd.	
	(Name of Firm/Co	mpany)	
350	00 S DuPont Hug	ghway	
	(Address)	-	
Do	ver, DE 19901		
	(City/State and Zip	Code)	
For fu	arther information concerning	this matter, please call:	
We	estley Look	at (302	531-0703 & Daytime Telephone Number)
	(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclo or \$35	sed is a check made payable to 5.00 for an administratively di	o the Florida Department ssolved, voluntarily disso	of State for \$87.50 for an active corporation olved or withdrawn corporation.
Amen Divisi Clifto 2661	t Address: Idment Section Ion of Corporations In Building Executive Center Circle Inassee, FL 32301	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	15

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.15	09,		
Florida Statutes, the undersigned, Incorporating Services, Ltd.			
(Maine of Negistered Agent)	:	Δ	
hereby resigns as Registered Agent for JEANNINE PRINCIPE PULE (Name of Corporation)	.01	_	
P23000009479			
(Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last known	n addre	88.	
The agency is terminated and the office discontinued on the 31st day after the date or this statement is filed.	ı which	1	
Westley Forsk (Signature of Resigning Agent)			
(Signature of Resigning Agent)			
If signing on behalf of an entity:			
Westley Look			
(Typed or Printed Name)	TĂĬ	28	
Assistant Secretary	LAHA	2025 JAN 13	
(Capacity)	SSER	$\overline{\omega}$	
		A	
Fee for filing this document: \$87.50 - Active Corporation	JATE ORIDA	AM 10: 59	U
\$35.00 - Administratively dissolved/voluntarily dissolved	1		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation