P24 000013597

(Re	questor's Name)	
(10)	questor s manne)	
	dress)	
(Aui	11622)	
(A.J.	d\	, .
(Add	dress)	
-		·
(City	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	<u></u>
Certified Copies	Certificates	of Status
Special Instructions to f	iling Officer:	
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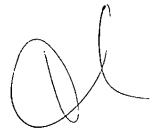




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COVER LETTER

TO: Amendment Section Division of Corporations		
Fyling Technologies Co SUBJECT:		
(Na	me of Corporation)	
DOCUMENT NUMBER: P24000013597		
The enclosed Resignation of Registered Agent	t for a Corporation and fee are submitted for fil	ling.
Please return all correspondence concerning th		
Daniel Cadiz	₹!\	7024 HAY -7
(Name of Person)		101
Fyling Technologies Co		
(Name of Firm/Company)		
1680 SW 150th RD	in the second se	7 AM 10: 57
(Address)		1.
Miami, FL 33185		
(City/State and Zip Code)		
For further information concerning this matter	r, please call:	
Daniel Cadiz	786 394-7063 at ()	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1509.	
Florida Statutes, the undersigned,	Eric Garcia	
	(Name of Registered Agent)	
hereby resigns as Registered Agen	Fyling Technologies Co.	
neredy resigns as registered Agen	(Name of Corporation)	
P24000013597		,
(Document Number, if known)		
A copy of this resignation was mai	iled to the above listed corporation at its last known address.	
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after the date on which	
	(Signature of Resigning Agent)	. 1775
If signing on behalf of an entity:	(Typed or Printed Name)	
	(Typed or Printed Name)	
	(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