Pa4 0000195100

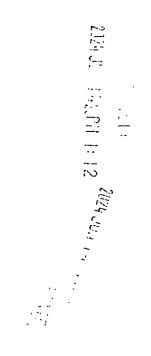
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE JUL 17 2024			

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06/14/24--01031--013 **87.50



COVER LETTER

TO: Amendment Section Division of Corporations	
Glizzy Tint Jr Corp. SUBJECT:	
(Name of Corpora	ation)
DOCUMENT NUMBER: P24000019560	- 0, p 41 have seek
The enclosed Resignation of Registered Agent for a Corpo	ration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Brenna Lutter	
(Name of Person)	
BizFiings	
(Name of Firm/Company)	_
8020 Excelsior Dr Ste 200	
(Address)	_
Madison, WI 53717	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Brenna Lutter 608 at (8275300
(Name of Person) (Area Cod	e & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

	FOD A CODDODATION	GENI
'	FOR A CORPORATION	Way To
		2864 July 187 1873
Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607	.1509, or 617.1509,
Florida Statutes, the undersigned,	Business Filings Incorporated	
	(Name of Registere	ed Agent)
hereby resigns as Registered Agen	Glizzy Tint Jr Corp.	
,g	(Name of Corpo	ration)
P24000019560		
(Document Number, if known)		
The agency is terminated and the other this statement is filed.	office discontinued on the 31st day	after the date on which
If signing on behalf of an entity:		
Brenna Lutter		
	(Typed or Printed Name)	
Asst Secretary		
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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, F1. 32314

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