

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

Office Use Only



100435259471

08/23/24--01012--017 **87.50



08/23/24

COVER LETTER

то:	Amendment Section Division of Corporations
SUBJ	Great State Waste Services Company ECT:
500	(Name of Corporation)
DOC	MENT NUMBER: P24000019641
The e	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Pleas	return all correspondence concerning this matter to the following:
Earl K	Mallory
	(Name of Person)
Mallo	Law Group
	(Name of Firm/Company)
PO Bo	8858
	(Address)
Jupite	FL 33468
	(City/State and Zip Code)
For fi	ther information concerning this matter, please call:
Earl K	Mallory 561 310-5311 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections of	607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned. Earl	K. Malfory, PA
	(Name of Registered Agent)
hereby resigns as Registered Agent for	Great State Waste Services Company
	(Name of Corporation)
P24000019641	
(Document Number, if known)	
The agency is terminated and the offic this statement is filed.	to the above listed corporation at its last known address. e discontinued on the sest day after the date on which Signature of Resigning Ageins
If signing on behalf of an entity:	13
Earl K. Mallory	
	(Typed or Printed Name)
	$_{ij} M = \omega$
President	
	(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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