P39451

| (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: |
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2020 SEP 18 PM 2: 56

**SRETARY DE STATE

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COVER LETTER

| Division of Corporations | |
|--|---|
| D.B. KELLY ASSOCIATES, INC. SUBJECT: | |
| (Name of Corpora | ition) |
| DOCUMENT NUMBER: P39451 | <u> </u> |
| 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: |
| RESIGNATION DEPARTMENT | |
| (Name of Person) | _ |
| CORPORATION SERVICE COMPANY | |
| (Name of Firm/Company) | _ |
| 80 STATE STREET | |
| (Address) | _ |
| ALBANY NY 12207 | |
| (City/State and Zip Code) | _ |
| For further information concerning this matter, please call: | |
| RESIGNATION DEPARTMENT 800 at (| 833-9848 |
| (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

TO:

Amendment Section

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. | THE PRENTICE-HALL CORPORATION SYSTEM, INC. | | |
| i torrea statutes, are anderengines, | (Name of Registered Agent) | • | |
| hereby resigns as Registered Agen | D.B. KELLY ASSOCIATES, INC | | |
| (Name of Corporation) | | | |
| P39451 | | | |
| (Document Number, if known) | | | |
| A copy of this resignation was ma | iled to the above listed corporation at its last known address. | | |
| The agency is terminated and the orthis statement is filed. | office discontinued on the 31st day after the date on which | | |
| | (Signature of Resigning Agent) | | |
| If signing on behalf of an entity: | | | |
| BY ROBIN MOLT | | | |
| | (Typed or Printed Name) | | |
| ASST SECRETAR | Y | 20 | |
| | (Capacity) | 2020 SEP 18 | |
| | | - 0 | |
| Fee for | r filing this document: | 8 PM | |
| | - Active Corporation | ⊒ <u>x</u> N2 | |

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

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/